

MINUTES

Vermont Hospital Quality Framework

April 27, 2022

9:00-9:10 Membership Updates & Timeline

- Group agreed to participate in a June meeting.
- We will use offline means to solicit additional input on the framework.
- Recommend the opportunity for public to be able to comment in a meeting structure. WG members who would want to join could attend.
- GMCB asked whether a presentation at a Board meeting would be an appropriate forum. OHCA agrees it would be a good forum. It will be important to ensure participation by providing ample notice.

9:10-9:20 Project Charter

- The vision is going to drive where and what our measures speak to.
- Vermonters use this for what purpose? To choose health care delivery? To be an outside voice about the quality of various hospitals in the state?
- Is it important that a one-size-fits-all approach be taken, or can we let hospitals define what their own measure of quality care is?
- Having some consistency of measures allows AHS to understand what is going on across the system as a whole. Alignment is still a key value. Would not prohibit hospitals from using their own metrics.
- GMCB would like to foster collaboration, look at certain measures across all 14 hospitals, and still allow for hospitals to provide their information on quality.
- We can find common ground measures that all hospitals can report on in a standardized way and have some independence for each hospital in showing what is important for their service area or patient population.
- Agreement with hybrid concept of having core quality measures that can still allow for additional measures for each hospital.
- Support hospital choice. The overarching goal should be for every system to have measures that address quality, efficiency, and accountability. Within those headings, hospitals should choose what matters to them the most.
- Quality directors need the ability to choose what reflects their hospital situation most closely in order to help drive improvements.
- Story behind the numbers is important. Need to create opportunities for the hospitals to share the story behind the performance. That might address some of the differences in regions and challenges.
- Comparisons: For some measures, may be appropriate to compare a hospital's current performance to its own past performance versus comparing to a State average.
- National Benchmarks: Looking at how we want to perform against the nation (e.g., top 10% in certain categories). Looking at comparing to our own hospital or nationally rather than comparing to the other hospitals within our hospitals within our health system because that does not always provide us with the best opportunities for improvement.
- Who is defining the benchmark? Who is establishing that threshold for success?

- Important to address concerns around BIPOC, new Americans and Vermonters with disabilities as well as the small volumes and rural relevant.

Action Items

- Ali will edit the outcome section to reflect the hybrid concept.
- Ali will clarify that "system" is defined as "system of hospitals in Vermont."
- Contact [Ali](#) with any edits to the project charter.

9:20-10:00 Vermont Hospital Report Cards

- Avg. 400-450 unique page views/month; 6.5 min avg. time spent on page.
- Marketing of HRC website? VDH has been talking about doing more communications to spread the word. In process. Thinking about FPF.
- HANYS Report on Report Cards – Criterion 5 – making sure there is a consistent data reporting period. A general criticism of hospital report cards is the inconsistency of data reporting periods. Can be misleading for consumers because older data does not reflect current hospital environment/practice. Need to be careful how we label things. Want data to drive improvement.
- Importance of transparency. HCAPS for providers are available on websites; there is a threshold of a minimum number of reviews so that consumers can read the feedback about the quality that other consumers experienced.
- What would be most useful to consumers? People are having a hard enough time finding or being able to afford a provider that can meet their needs *before* they ask themselves the question about how that provider or that system measures compared to other ones.
- The average Vermonter is not likely to use a webpage like this.
- Many decisions about which hospital to seek treatment are made by factors other than quality levels (e.g., access, cost, word of mouth, trust, and organizational reputation).
- We want report cards to be an accurate depiction of quality for all patients. Medicare Provider Analysis and Review (MEDPAR) is most often used CMS data, which is not representative of every patient and tends to be older data.
- What effort is required for hospitals to create the HRC's? Only two types of data are collected directly from hospitals: CPT code pricing from charge master and nurse staffing data (already collected for other compliance).
- In 2003, [Act 53](#) will be 20 years old. Has the Health Department considered the evolution of the processes, updating measures? Since 2013, VDH held 2-3 stakeholder meetings, but participation was poor. When the statute, [18 VSA §9405b](#), was updated, a section was added to modify how VDH changes measures. VDH focuses on measures that are already available because they are mindful of the burden on hospitals.
- If there are measures to be added or removed, what process does VDH follow? Section 9.0 of the [Hospital Reporting Rule](#) describes the process for adding reporting measures.

Action Item

- Contact [Teri](#) with suggestions for how to make the [HRC website](#) easier to use.

10:00-10:30 Draft Framework: First Blush

- The 48 measures need to be scored based on established criteria.
- In May, Ali will field a survey that divides the proposed measures by domain, and group members will rank and vote on the measures.

- Access to specialists: It matters greatly whether you have the specialist in your health system or not. Plan is to capture specialist appointments within your facility. Could a different measure be proposed?
- Recommend adding a column showing to which facility type (e.g., PPS, CAH) the measure applies and required/optional status.
- We want to be thoughtful about the meaningfulness of a measure in regard to how it supports improvement. A screening rate (rather than a mortality rate) is an example of a meaningful measure that can drive improvement.
- We can build on that by tracking rescreening during the course of care, so we can get feedback on the effectiveness of our care as we keep an eye on the outcome (mortality rate).
- We want healthcare resources across the State focused on the drivers to the outcomes we want to achieve, not on data that isn't actionable. It is past time we move away from just providing data. We need meaningful information that leads us to efficient and effective actions.

Action Item

- Contact [Ali](#) with suggestions to manage the measurement selection process.

10:30-10:50 Discussion: Intended Audience

- The framework must be useful for a diverse group of people. Consumers are not all the same. Need to consider people with 1+ chronic issues, people needing elective service w/ability to travel, people with emergent issues, etc.
- Who is going to use what kind of information that we're trying to gather and present? How can we best present it to them in a useful way?
- Who is primary? If consumers are the primary audience, can the framework meet the needs of policy makers and regulators? E.g., a consumer wants to see what the status is now, and a policy maker might be more interested in a trend. The presentation of the data should be entirely different for the different groups. Can we do all things? If not, what's primary?
- We need to be realistic about what we can do first, and then layer additional things on.
- The framework should avoid redundancy in reporting for quality directors. Hospitals will still have requirements to report to the ACO, CMS, etc. Support entering data into one place and flowing into other places.
- How might the framework work for quality directors? If a quality director is concerned about a particular issue or process, those are the times when comparisons to other hospitals are researched. How useful the framework is going to vary significantly, and needs for baseline, trend, and comparison data may not be known until the need arises.
- From the policy maker point of view, being able to see where there is variation across the state (which relies on alignment of measures) is important.

Action Item

- Ali will put a question about primary audience in the May survey.

Further Reading:

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

Next Meeting:

- Tuesday, May 24, 1:00 p.m. – 3:00 p.m.