Health Care Quality Performance (HCQP) Program

STEERING COMMITTEE

January 12, 2009, 3:00-4:30pm
Department of Health, Health Policy Forum

Goals/Objectives

- Obtain Steering Committee approval and input regarding ongoing Subcommittee work and recommendations

Voting Members (Quorum = 8+ Members)

✓	Ted Almon	☐	David Gifford, MD, MPH	☐	Louis Pugliese
✓	Virginia Burke, Esq.	☐	Linda McDonald, RN	✓	Sharon Pugsley, BSN (rep)
✓	Ron Cotugno, RN	✓	Jim Nyberg	✓	Gina Rocha, RN, MPH
✓	Arthur Frazzano, MD	☐	Rhoda E. Perry	☐	Corrine Russo, MSW
☐	Neal Galinko, MD, MS, FACP	☐	Donna Policastro, NP, RCN	✓	Alan Tavares

Time	Topic/Votes
3:00pm	**Welcome & Remarks** David Gifford, MD, MPH, HEALTH - In Dr. Gifford's absence, Sam opened the meeting at 3:05pm. **HCQP Program Updates** Samara Viner-Brown, MS, HEALTH Rosa Baier, MPH, Quality Partners
3:10pm	**1. Hospital-Acquired Infections (HAI) Subcommittee** Leonard Mermel, MD, Co-Chair Samara Viner-Brown, MS, Chair - The Subcommittee has identified first-round measures for public reporting (see Subcommittee minutes). These include the following existing data: 1. Employee influenza vaccination (2007-2008 flu season) 2. Surgical Care Improvement Project (SCIP) I, II, and III measures (Q1 and Q2 2008) 3. ICU Central Line Associated Bloodstream Infections (CLABSI) (Q3 2008)

Time	Topic/Votes

- Once additional data are available – for example, vaccination data for the 2008-2009 flu season, in ~June 2009 – these measures will be updated.
- Although the HAI legislation requires quarterly data submission by hospitals, with an annual report published by HEALTH in October 2009, the Director instructed the Subcommittee to view the October date as the latest possible date. Using existing data sources will enable the Program to report initial measures early, update them regularly, and continue to add measures over time.
- **Vote:** The Committee approved approve the HAI Subcommittee's recommended measures ((yes – 8, no – 0, abstained – 1), with the request that they review suggested stratification for the blood stream infection, or CLABSI, measure prior to public reporting of that measure.
- Next meeting: 8-9am, February 26, 2009, HEALTH

3:30pm **2. Hospital Subcommittee**
Samara Viner-Brown, MS, Chair

- Hospitals will collect pressure ulcer process measure data during the week of January 19th-23rd. These data are the second of three quarters required for the 3-quarter rolling average, scheduled for reporting in ~May 2009.
- **Action item:** The Program will continue to send pressure ulcer process measure data collection and data submission reminders to the hospitals.
- The Hospital Subcommittee is reconvening on February 2nd to review HEALTH's analyses of the number of patients eligible for inclusion in the AHRQ pressure ulcer incidence measure. Since the measure specifications exclude patients with hospitals stays under 5 days, approximately 2/3 of patients are excluded; however, the denominators remain very large and will be sufficient for reporting.
- HEALTH does not yet have the present on admission (POA) indicator data, which is due ~90 days after the end of Quarter 4, 2008, but may then require clean-up. These data are necessary to calculate the measure numerator (i.e., hospital-acquired or incident pressure ulcers). The first pressure ulcer incidence measure is therefore slated for ~May 2009.
- **Action item:** The Program will share the denominator analyses (i.e., number of patients with lengths of stay 5+ days) at the next Subcommittee meeting.
- Next meeting: 3-4:30pm, February 2, 2009, HEALTH

3:35pm **3. Nursing Home Subcommittee**
Gail Patry, RN, Chair

- The Program received a summary report from My InnerView, and is analyzing it (1) for overall trends and (2) to determine whether or not all nursing homes completed both resident and family surveys, as required. Last year, Gail requested that HEALTH follow-up with nursing homes that may not have complied with the requirement. At that time, the Steering Committee advised that HEALTH would begin following up with the 2008 round of survey data, now available.

Time	Topic/Votes

- The Nursing Home Satisfaction Report is due out this month, and updates to the previous diamond report, Supplemental Information, and press release are ongoing. As with previous years, the Program will partner with RIHCA and RIAFSA on the press release and provide the associations with a copy of the report immediately prior to its release on the HEALTH website. The report will be released by February 1, 2009.
- At the most recent Subcommittee meeting, participants discussed the recent CMS 5-star rating system (see minutes and handouts). The 5-star system assigns stars to a composite measure calculated base don quality measure scores, staffing data, and survey results. There is controversy surrounding the methodology and validity of the results, as well as the fact that people are using the stars (which are assigned within each state) to compare one state's performance to another's. Nevertheless, the Subcommittee will continue discussing the methodology and determine whether or not it is desirable/feasible to align the state reports with the 5-star presentation.
- Next meeting: 3-4:30pm, February 17, 2009, RIHCA

3:45pm **4. Physician HIT Adoption Workgroup**
Rebekah Gardner, MD, Chair

- The survey revisions are now final, and all licensed physicians will receive a notification letter (see handout) on ~January 19th. Most revisions are minor wording changes or clarifications; there are also separate pathways for office-based and hospital-based physicians, to ensure that the wording and measure calculations accurately reflect differences in practice for each group of physicians.
- The survey will be live for three weeks, from January 19th-February 6th. The physician-level reports will be publicly reported in March 2009 on the HEALTH website.
- The Workgroup has continued its partnership activities, with the goal of ensuring that this data collection effort addresses multiple local needs, while minimizing the data collection burden for physicians. Partners include:
  - Blue Cross Blue Shield of Rhode Island, which will again use the survey results to determine PCPs' eligibility for its HIT-based fee increase,
  - Rhode Island Quality Institute, which will use the survey results to assess longitudinal trends in HIT adoption locally, and
  - United HealthCare of New England, a new partner, which will combine the survey results with practice-level information to determine PCPs' eligibility for its HIT-based incentive.

4:00pm **5. Administrative**

- Following up on discussions from the 2005 Technical Expert Panel (TEP) and with a website vendor working on the Massachusetts hospital reporting website, the Program has begun working with HEALTH's Webmaster to identify and implement feasible changes to the existing website. To move towards a fully interactive, integrated website, similar to those in place in MA or CA, the Program may be interested in seeking outside funding in the future. In the meantime, incremental changes to make the site more consumer-friendly will help achieve the TEP goals.
- The Home Health Subcommittee will reconvene, as previously discussed, in Spring 2009 to plan for the 2009 satisfaction surveys.

Time	Topic/Votes
	- **Action items:** To prepare to meet, the Program is researching CMS's new Home Health CAHPS availability (timeline, vendors, cost, etc.), applicability to non-Medicare agencies, etc. and talking to Press Ganey.
4:15pm	**Open Forum** David Gifford, MD, MPH, HEALTH - Jim suggested that HEALTH publish information related to adult day centers, which were recently licensed, on its website. - **Action item:** Sam will follow up with Facilities Regulations to determine if there are plans to publish information. - Sam adjourned the meeting at 4:30pm.

Next Meeting – 3-4:30pm, 3/16/09

Health Care Quality Performance (HCQP) Program

HOSPITAL-ACQUIRED INFECTIONS AND PREVENTION ADVISORY SUBCOMMITTEE

8:00-9:00 am, November 24, 2008
HEALTH, Room 401

Goals/Objectives
▪ To discuss potential HAI measures to report during Quarter 1 FY 2009, as well as measures to begin collecting and reporting subsequently

Voting Members

✓	Utpala Bandy, MD	✓	Andrew Komensky, RN	✓	Lee Ann Quinn, RN, BC, CIC
✓	Margaret Cornell, MS, RN	✓	Pat Mastors	✓	Janet Robinson, RN, MEd, CIC
✓	Robert Crausman, MD	✓	Leonard Mermel, DO, ScM	✓	Nancy Vallande, MSM, MT, CIC
✓	Marlene Fishman, MPH, CIC	☐	Kathleen O'Connell, RN	✓	Sam Viner-Brown, MS
✓	Julie Jefferson, RN, MPH, CIC	✓	Harold Picken, MD	☐	Gloria Williams, MS
✓	Diane Kitson-Clark, RN, MSN, CIC	✓	Aurora Pop-Vicas		

Time	Topic/Notes
8:00 am	**Welcome & Meeting Objective** Samara Viner-Brown, MS (*Co-Chair*) Leonard Mermel, DO, ScM (*Co-Chair*) – Len opened the meeting at 8:05 and Sam presented the results of the short survey. Overall, 10 (58.8%) Subcommittee members responded to the survey. The top two recommended measures were flu vaccination and SCIP I, II, III, and IV, both with seven people 'recommending' or 'strongly recommending' them. The next two (also tied) were MRSA and hand hygiene. – Subcommittee members can see what is currently reported on Medicare's Hospital Compare website: www.hospitalcompare.hhs.gov
8:30 am	**Measure Evaluation** Samara Viner-Brown, MS Leonard Mermel, DO, ScM – As discussed with Dr. Gifford at the last meeting, the Subcommittee's charge is to identify 'low-hanging fruit' that can be reported quickly. The dates in the legislation should be considered outer limits, and the expectation is that the Subcommittee

Time	Topic/Notes
	identify and report available data as quickly as possible, and then follow it with additional measures over time. – The group discussed the survey results, as well as potential barriers and other considerations, such as the legislative pressures to report MRSA. For any measure selected, the group needs to identify a uniform data collection strategy and determine if/how to risk adjust the data (e.g., through stratification or other means). – If the Subcommittee does not recommend MRSA-related reporting, we run the risk that an outside group may mandate it independent of the Subcommittee's input. – As a result, the group's suggestions included quickly reporting MRSA-related process measures and following them with a MRSA outcome measure: • The process measures will be comparatively easy to collect and report quickly. • The outcome measure will require additional discussion and planning. Will we risk adjust it, based on facility size, patient population, and/or type of ICU, etc.? Or will we report change over time? If the Subcommittee accompanies the process measures with a comprehensive, 1-3 year timeline – and brands the process measures, such as flu vaccination, as related to MRSA – this may address the legislature's desire to report MRSA-related data. – Additional suggestions included looking at state-level, or surveillance, data to understand the local burden of MRSA or more general hospital-acquired infections. However, the Program's mandate is to provide comparative ratings for consumers to use when choosing healthcare providers. These are intended to be facility-level data. Facility-level data will also enable the Subcommittee to evaluate any links between improved care processes and the outcome. – In addition to the MRSA-related process and outcome measures, the Subcommittee recommended moving forward with the SCIP I, II, and III measures.
8:55 am	**Action Items & Next Steps** Samara Viner-Brown, MS Leonard Mermel, DO, ScM – **Action item**: Program staff will: • Resend the Compendium report, and • Share the Hospital Compare link (included on p. 1) with the Subcommittee, so that participants can see what is reported and how the data are presented. – Next meeting: December 15, 2008

Health Care Quality Performance (HCQP) Program

HOSPITAL-ACQUIRED INFECTIONS AND PREVENTION ADVISORY SUBCOMMITTEE

8:00-9:00 am, December 15, 2008
HEALTH, Room 401

Goals/Objectives

- To discuss potential HAI measures to report during Quarter 1 FY 2009, as well as measures to begin collecting and reporting subsequently

Voting Members

✓ Utpala Bandy, MD	✓ Pat Mastors	✓ Janet Robinson, RN, Med, CIC
✓ Margaret Cornell, MS, RN (rep)	✓ Leonard Mermel, DO, ScM	✓ Nancy Vallande, MSM, MT, CIC
✓ Robert Crausman, MD	✓ Kathleen O'Connell, RN	✓ Sam Viner-Brown, MS
✓ Marlene Fishman, MPH, CIC	☐ Harold Picken, MD	✓ Gloria Williams, MS
✓ Julie Jefferson, RN, MPH, CIC	✓ Aurora Pop-Vicas, MD	
✓ Andrew Komensky, RN (rep)	✓ Lee Ann Quinn, RN, BS, CIC	

Time	Topic/Notes
8:00 am	**Welcome & Meeting Objective** Samara Viner-Brown, MS (*Co-Chair*) Leonard Mermel, DO, ScM (*Co-Chair*) Len opened the meeting at 8:00. Len and Sam reviewed the 11/30 discussion on which measures to include and identified a firm decision as today's objective.
8:30 am	**1st Tier Measures** Samara Viner-Brown, MS Leonard Mermel, DO, ScM – The group reviewed which measures might be most meaningful and how to deal with measures that are not pertinent to every hospital (e.g., SCIP measures don't apply to mental health hospitals, and would not be reported for those hospitals). – Referring to the legislation, the group determined that this Subcommittee has a role in "all aspects of the methods," including measures, formatting, collection, analysis, and release of information. Since the Director has indicated that the Steering Committee will advise him regarding report format, this Committee can make recommendations to the Steering Committee regarding risk stratification and definitions and/or attend the Steering Committee meetings to provide input.

Time	Topic/Notes

- The law indicates that reports must include data collected "not more than one month prior." **Decisions:** Employee flu vaccination will be reported to satisfy the legislation's stipulation, though the Subcommittee will also recommend that the Steering Committee report HAI-related measures (e.g., SCIP I, II, and III measures, CLABSI from the ICU Collaborative) under its broader legislative authority. **Action item:** The Subcommittee suggested working to revise the legislation after the first reports, since most data is not available within such a short time frame.
- **Decision:** The group chose January 31st for the first (interim) report to the HEALTH, with a final report to be submitted by March 31st. The report will include:
  - Employee flu vaccination compliance/declination for Quarter 4 (Oct-Dec) 2008. The Subcommittee will decide later whether to amend this measure to include healthcare workers who are not hospital employees (e.g., physicians at many hospitals).
  - SCIP I, II, and III measures, as already reported to CMS, for Quarters 1 (Jan-Mar) and 2 (Apr-Jun) 2008. Subsequently updates will be sent quarterly, on the same schedule as the data are available through the CMS Data Warehouse (e.g., a 6-month lag; see below).
  - ICU-specific central line associated bloodstream infections per 1,000 catheter days, as currently reported by the ICU collaborative. Data for Quarter 3 (Jul-Sep) 2008 will be reported by January 31st, then updated quarterly with a 3-month lag.
- Regarding the SCIP measures:
  - On the report, it will be important to note that they represent a sample.
  - SCIP measures are reported to CMS's Data Warehouse, but the Program will need to check on the lag time between when data are collected and reported gap; we believe this to be approximately six months. **Action item:** The timeline will be included with the minutes.
  - The group recommended using the most recent data possible, from Quarter 1 (Jan-Mar) and Quarter 2 (Apr-Jun) 2007, and updating it as additional data are available through CMS.
- Regarding the ICU collaborative measures:
  - To deal with differences in definitions (e.g., NHSN used by Women & Infant's Hospital vs. NNIS used in the ICU Collaborative) and ICU type (e.g., Rhode Island Hospital's (RIH's) PICU is not part of ICU collaborative), the group recommended using hospital-appropriate benchmark data (e.g., NHSN data for Women & Infant's Hospital, CLABSI definition for the RIH PICU, etc.).
  - The group discussed suggesting that the ICU Collaborative change its definition to comply with NHSN, rather than NNIS.
- Regarding MRSA:
  - The group needs to resolve definition issues (e.g., some collect infections that occur 48 hours after admission, while others only include infections occurring 72 hours after admission). Also, risk-stratification issues are problematic since no consensus exists nationally (e.g., per the Compendium, CDC, or NQF) or statewide on risk-stratification for microbe-specific outcome data.

Time	Topic/Notes
	• The group suggested starting with a best-practices "intervention bundle" (process measures) to appraise the public to them of MRSA-related hospital activities. • The group created a MRSA Workgroup to identify process measures and a reasonable timeline for reporting outcome measures. **Action item:** The Workgroup (Marlene, Nancy, Len, and Julie) will meet at least once before the next HAI Subcommittee meeting on January 12th.
8:55 am	**Action Items & Next Steps** Samara Viner-Brown, MS Leonard Mermel, DO, ScM – In addition to the above action items, Program staff will: • Review other states' reports to determine an appropriate threshold for suppressing small numbers (especially for surgeries), • Send a PDF of the RI Best Practice Guidelines for MRSA, and • Send a PDF of Len's 2007 Rhode Island MRSA update poster summary. – Next meeting: January 12, 2009

Health Care Quality Performance Measurement and Reporting Program (HCQP)

NURSING HOME SUBCOMMITTEE

December 16, 2008, 3:00-4:30pm
RIHCA, 57 Kilvert Street, Suite 200
Warwick, RI 02886

Goals/Objectives

- To share information about the clinical and satisfaction reporting efforts, and provide opportunities for open discussion on topics such as the new CMS 5-Star Rating System.

Invitees

✓ Rosa Baier, MPH
✓ Lonnie Bisbano, Jr.
✓ Ron Cotungo, RN
✓ Jim Nyberg
✓ Lynda Sprague
✓ Samara Viner-Brown, MS

Time	Topic/Notes
3:00	**1. Welcome & Updates** Rosa Baier, MPH - Rosa opened the meeting at 3pm.
3:10	**2. Upcoming Reports** Rosa Baier, MPH - Rosa provided updates re: the clinical quality measure and resident/family satisfaction diamond reports. The Program is in the process of populating the clinical quality measure report with the most recent data, and aims to publish the satisfaction report on schedule during the month of January 2009. - Rosa asked the Subcommittee if any member had the satisfaction survey instrument or any other reports linking Question 1, Question 2, etc. to their content. - **Action item:** Lynda will send Rosa a copy of the survey instrument. - Subcommittee members asked that the satisfaction report be released as quickly as possible, while the data are 'fresh,' and that the Program continue to allow nursing homes to preview the report before it goes live. - **Action item:** Rosa will share the report with RIHCA and RIAFSA for distribution to their members, prior to posting it on the Web site. The Subcommittee will also review the

Time	Topic/Notes

response rates and recommend any follow-up actions to HEALTH (e.g., for nursing homes without resident or family surveys).

- There was also discussion about repeating a My InnerView-led session mid-year, to provide nursing homes with tips for incorporating their data. My InnerView is developing 'Performance Index' and additional tools, and would be able to share new information/tips.
- **Decision:** The group will discuss inviting My InnerView during meetings in early 2009.

3:30 **3. Open Forum**

Rosa Baier, MPH

- See CMS info about rating system: http://www.cms.hhs.gov/SurveyCertificationGenInfo/downloads/SCLetter09-17.pdf
- The Subcommittee discussed the 5-star rating system, currently in the preview phase with the nursing homes. CMS is populating it over time, so some nursing homes have seen their ratings; others have not. The general consensus among the group was that the system may be a good idea, but is premature: It is not certain that the data, methodology, or results are valid and meaningful for consumers.
- **Action item:** Rosa will talk to Gail about the group's request for Quality Partners to take a position on the 5-star rating system.
- The Alliance receives requests for copies of the diamond reports and may get inquiries about the new 5-star ratings.
- **Action item:** Rosa asked Ron to share consumers' reactions to the new system.
- Please 'save the date' for the 2009 Subcommittee meetings (which fall on the 3rd Tuesday every other month):
  - February 17, 2009
  - April 21, 2009
  - June 16, 2009
  - August 18, 2009
  - October 22, 2009
  - December 15, 2009

  All meetings are from 3-4:30pm at RIHCA.

(insert CMS logo here)

Nursing Home Compare
5-Star Ratings of Nursing Homes

Nursing Home Rating Report
Incorporating data reported through 11/4/2008

Ratings for Nursing Home Name (Federal Provider Number)			
Overall Quality	**Health Inspection**	**Quality Measures**	**Staffing**
★★★	★★	★★★★★	★★

How the Ratings are Calculated:

A nursing home's **Overall Quality** rating on Nursing Home Compare (www.medicare.gov) is based on its ratings for **Health Inspections**, **Quality Measures** (QMs), and **Staffing**. Ratings for each domain and the overall rating range from 1 star to 5 stars, with more stars indicating higher quality. Based on these three ratings, the overall 5-star rating is assigned in 5 steps:

Step 1: Start with the Health Inspection Rating.

Step 2: Add one star if the Staffing rating is 4 or 5 stars and also greater than the Health Inspection rating. Subtract one star if the Staffing rating is 1 star. The rating cannot go above 5 stars or lower than 1 star.

Step 3: Add one star if the Quality Measure rating is 5 stars; subtract one star if the Quality Measure rating is 1 star. The rating cannot go above 5 stars or lower than 1 star.

Step 4: If the Health Inspection rating is 1 star, then the Overall Quality rating cannot be upgraded by more than one star based on the Staffing and Quality Measure ratings.

Step 5: If a nursing home is a Special Focus Facility that has not graduated, the maximum Overall Quality rating is 3 stars.

Nursing Home Compare provides a five-star rating for each of the following three components:

1) Health Inspection ratings:

- Ratings are calculated from points that are assigned to the results of nursing home surveys over the past three years, as well as complaint surveys from the past three years and survey revisits. More recent surveys are weighted more heavily.
- Points are assigned based on the number, scope and severity of a nursing home's health deficiencies. If multiple revisits are required to ensure that major deficiencies are corrected, additional points are added to the health inspection score.
- Lower health inspection scores result in a better 5-Star rating on Nursing Home Compare.
- Nursing homes are ranked within their state based on their score, and the number of stars is based on where the nursing home falls within the state ranking.
- The top 10% of facilities get 5 stars, the bottom 20% get 1 star, and the middle 70% of nursing homes receive 2, 3 or 4 stars, with equal proportions (23.33%) in each category.
- Health Inspection ratings are re-calculated every month to account for new survey results entering into the system.

2) Quality Measure ratings:

- Ratings are calculated from a nursing home's performance on 10 Quality Measures (QMs), which are a subset of those reported on Nursing Home Compare.
- The QMs include 7 long-stay (chronic care) QMs and 3 short-stay (post-acute care) QMs.

Long-Stay QMs		Short-Stay QMs
• ADL Decline	• Physical Restraints	• Pressure Ulcers
• Mobility Decline	• Urinary Tract Infections	• Moderate to Severe Pain
• Catheter	• Moderate to Severe Pain	• Pressure Ulcers
• High-Risk Pressure Ulcers		

- Ratings are calculated using the *three most recent quarters* of data.
- ADL Decline and Mobility Decline contribute more heavily (each weighted at 1.667 times) than the other QMs.
- A nursing home's performance on the ADL Decline and Mobility Decline QMs is ranked against all other nursing homes in the *state*.
- A nursing home's performance on the other 8 measures is ranked against all other nursing homes in the *nation*.
- Points are assigned for each QM based on what quintile the facility falls in comparison to other nursing homes. Points for each QM are added together for a total point score.
- Based on this total score, the top 10% of facilities nationwide get 5 stars, the bottom 20% get 1 star, and the middle 70% of nursing homes receive 2, 3 or 4 stars, with an equal proportion (23.33%) in each category.

3) Staffing ratings:

- Ratings are calculated from two measures: RN hours per resident day and total staffing hours (RN, LPN, nurse aide) per resident day. These two measures contribute equally to the Staffing Rating.
- Staffing measures are derived from OSCAR data that is then case mix adjusted based on the facility's distribution of MDS assessments by RUG-III group, based on the number of RN, LPN, and nurse aide minutes associated with each RUG-III group
- Other staff, such as clerical, administrative, and housekeeping staff, are not included in the calculation of the Staffing ratings.
- For each staffing measure, a 5-Star rating is assigned based on where the facility ranks compared to the adjusted staffing hours for all freestanding facilities AND where the facility ranks compared to optimal staffing levels identified in the 2001 CMS Staffing Study.
- To earn 5 stars on the Staffing rating, the nursing home must meet or exceed the CMS staffing study thresholds for both RN and total nursing hours per resident day.
- The Nursing Home Compare website will include a "drill down" that shows the nursing home's rating for RN Staffing.

The **RN Staffing Rating** for **Nursing Home Name** is ★★.

Ratings are provided only for nursing homes that have had at least two standard health inspection surveys. Nursing homes that have not yet had two standard health inspection surveys are listed as 'too new to rate,' and no rating information is provided for the nursing home If the rating indicates 'data not available' then the data needed to rate the nursing home were not available.

If Your Rating Isn't What You Think it Should Be

If your nursing home's rating seems to be markedly different from your expectation, it may be that a recent survey has not yet been entered into the database. It may also arise from a dispute resolution or appeal decision that has not yet entered into the database. You can check the health inspection detail on Nursing Home Compare for more information about the particular deficiencies that entered into the calculation.

If your quality measure rating states "data not available,", it means that there were too few eligible residents for us to calculate a reliable quality measure. If your staffing score says "data not available," it means that the number of hours of staffing were found to be a value that were so extremely high or low that they were not plausible. In this case, please check with your state survey agency to confirm the staffing values you reported.

A technical manual containing additional information can be found on the CMS website (http://www.cms.hhs.gov/CertificationandComplianc/).

If you have questions, please contact the 5-Star Helpline at **1-800-839-9290**.

Department of Health

Three Capitol Hill
Providence, RI 02908-5097

TTY: 711
www.health.ri.gov

January 19, 2008

Dear Physician,

The Rhode Island Department of Health's (HEALTH's) 2nd annual Physician Health Information Technology (HIT) Survey is now live. **This brief survey is required of all licensed physicians**. It asks about your use of electronic medical records (EMRs) and e-prescribing, and should take 10 minutes to complete.

Please use one of the below links to complete the online survey by Friday, February 6, 2009, regardless of whether or not you currently use HIT. For physicians using HIT, please note that a lack of response will be treated (and reported) as if you do *not* use HIT, and may affect your eligibility to secure HIT-based incentives (see information below).

https://www.surveymonkey.com/s.aspx?sm=wSysqOueMMMilBlUl0gAMg_3d_3d

or

Simply click on the 'Physician HIT Survey' button at www.health.ri.gov

You also may receive an email link, if you have provided HEALTH with your email address.

HEALTH's Health Care Quality Performance (HCQP) Program will publicly report the 2009 survey results for each individual physician. Since 1998, the legislatively-mandated Program has reported clinical outcomes and patient satisfaction data for home health agencies, hospitals, and nursing homes. In 2006, new legislation expanded the Program to include physicians; this year's Physician HIT Survey will be the first physician-level public reporting. The first Physician HIT Survey (in 2008) was a pilot effort, and only aggregate data were shared and published on HEALTH's Web site. Individual results were provided back to respondents, and free-text comments were used to improve the 2009 survey instrument and process. If you have questions about the HCQP Program or this survey, please visit the Program's website (www.health.ri.gov/chic/performance) or contact Samara Viner-Brown, MS (401-222-5935 or samara.viner-brown@health.ri.gov).

Your responses also will determine your eligibility for Blue Cross & Blue Shield of Rhode Island (BCBSRI) and UnitedHealthCare of New England's HIT-based incentives. (BCBSRI and UnitedHealthcare will contact you directly about their respective programs.) To minimize the data collection burden for you, HEALTH collaborates with BCBSRI, UnitedHealthcare, and other community partners to ensure that this single survey collects the majority of information needed to assess local HIT use.

Thank you for continuing to support high-quality healthcare in Rhode Island.

Sincerely,

David R. Gifford, M.D., MPH
Director, HEALTH

Samara (Sam) Viner-Brown, M.S.
Center for Health Data and Analysis, HEALTH