Healthcare Quality Reporting Program

STEERING COMMITTEE

04/16/12, 3-4:30pm
Department of Health, Room 401

Facilitation: Rosa Baier, MPH and Samara Viner-Brown, MS
Recorder: Ann Messier

Voting Members		
✓ Ted Almon (rep)	✓ Neal Galinko, MD, MS, FACP	☐ Donna Policastro, NP, RCN
✓ Virginia Burke, Esq.	✓ Diane Gallagher (rep)	☐ Louis Pugliese
✓ Cathy Cranston	✓ Debra McDonald, RN	☐ Gina Rocha, RN, MPH
✓ Michael Fine, MD (*Chair*)	✓ Linda McDonald, RN	
☐ Arthur Frazzano, MD	✓ Jim Nyberg	

Agenda

3:00 **Open Meeting/Old Business**
Michael Fine, MD, Chair

- Rosa opened the meeting, and then Sam facilitated group introductions.
- Prior to Dr. Fine's arrival, Rosa provided two brief updates:
  - Program funding

    Beginning in July, the program anticipates an operating budget ($56K) that is approximately half of the historical funding level ($120K), which will necessitate critical appraisal of current and anticipated activities. The recommendations that the committee provides today and in future meetings will empower the program staff to ensure program operations align with strategic goals.
  - Request for Advisory Letters

    Dr. Fine requested that the committee begin to provide written advisory letters, which is consistent with other Department advisory bodies (e.g., the PCP Advisory Council). The first letter, included in today's agenda, is based on conversations with committee members prior to the meeting. Advisory letters not only enable Dr. Fine and program staff to appropriately prioritize activities, but also serve as written documentation that he can share with key stakeholders to gain support for activities or funding requests.
- When Dr. Fine arrived, he shared some additional thoughts:
  - Funding environment

    Over the past two years, the Department has lost 25% of its funding; over the past five years, 50%. This reality affects every aspect of the Department's function, but

it is notable that the public reporting program remains. This attests to the value that the program brings and can bring to Department activities and goals.

- Program role

  The program serves a critical function, since data on quality and outcomes are necessary to create a vertically-integrated healthcare system that takes responsibility for population health. Dr. Fine commented that quality becomes the way to understand what providers are doing and to leverage change, including building the consensus and policy necessary for investments in strategic areas of healthcare.

  This committee can assist with that endeavor by ensuring that the program's reports align with department objectives. The program's goals are to collate and present meaningful data.

3:15 **Strategic Planning**
Rosa Baier, MPH, Facilitator

- Structured interviews

  Liz and Rosa conducted structured interviews with 11 of the 12 current committee members between April 4, 2012 and April 12, 2012. They recorded notes independently, and then combined them to identify overall themes and formulate recommendations.

- Advisory letter (handout)

  The eight recommendations in the Advisory Letter are based on the structured interview results. These recommendations are:

  1. Sustain all current activities;
  2. Expand reporting to align with local and national priorities;
  3. If activities must be streamlined due to funding, retain primary data collection efforts and eliminate clinical quality measure reports;
  4. Seek grant funding for both operations and research;
  5. Improve consumer awareness and use of the reports;
  6. Improve the content and format of the reports;
  7. Improve the program's website and branding; and
  8. Expand committee members' roles and responsibilities.

  During the meeting, Rosa reviewed the draft letter and an accompanying slide set, both of which describe findings from the structured interviews that support the eight recommendations.

  Those in attendance agreed with the recommendations; the only addition to the letter was a request for Dr. Fine to share Department of Health population health outcomes goals with the program, so that the committee can begin to align reporting efforts with such goals.

  Additional discussion focused on the question, "What is the measure of success for the program?" Opinions ranged from process measures (releasing reports; consumers using reports) to outcome measures (improving quality). This will be a topic of further discussion at the meeting in May.

4:00 **Steering Committee Meetings**
Rosa Baier, MPH, Facilitator
Samara Viner-Brown, MS, Facilitator

- Two 'housekeeping' issues arose during the structured interviews:
  - Meeting scheduling

    One committee member suggested moving the meeting to a later time, such as 5pm, to facilitate participation; another suggested a different day of the month, to avoid recurring conflicts (e.g., the HARI CEO meeting).

    After discussion, the majority of committee members preferred staying at 3pm, but agreed to explore other days of the month. Sam and Rosa will explore moving the meetings, beginning in May, if feasible based on conference room availability and Dr. Fine's schedule.
  - Content

    The interviews revealed diverging opinions about the content of each meeting, for example with one person requesting additional detail about each Subcommittee's activities and another suggesting that the discussion increasingly focus on policy and the alignment/use of the reports to drive state planning and other concurrent efforts.

    The committee will return to this discussion in May, although some noted that focusing too narrowly on a particular setting might have the unintended consequence of worsening attendance, if members don't prioritize meeting topics that are not their particular area of expertise or interest.

4:15 **Other Business/Announcements**
Michael Fine, MD, Chair

- **Action items:**
  - Finish analysis of structure interview results (Rosa/Liz)
  - Finalize and send Advisory Letter to Dr. Fine (Rosa/Sam)
  - Meet with Dr. Fine re: vacant committee seats (Rosa/Sam)
  - Continue outreach to current and new committee members (Rosa/Sam)
  - Begin to draft a committee Charter (Rosa/Sam)
  - Provide population health outcome goals to program (Dr. Fine)
  - Discuss measures of success at May meeting (Committee)
  - Identify alternate days of the month to meet (Sam)
- Next meeting: 5/21/12 (date may change, based on action items)

Healthcare Quality Reporting Program

STEERING COMMITTEE DATA UPDATES

04/16/12

Data Updates (Reports, Oldest to Newest by Setting)	Update Frequency	Last Updated
Home Health		
• Clinical quality measures from Medicare	Quarterly	Jul 2009*
• Patient satisfaction	2 years	Jun 2011
Hospital		
• Clinical quality measures from Medicare	Quarterly	Apr 2012
• Hand hygiene processes	Annually	Apr 2012
• Surgical Care Infection Program (SCIP) Measures	Quarterly	Feb 2012
• Central-Line Associated Bloodstream Infections (CLABSI)	Quarterly	Mar 2012
• Pressure ulcer incidence	Quarterly	Aug 2011†
• Employee influenza vaccination rates	Annually	Aug 2011
• MRSA incidence	Quarterly	Mar 2012
• *C. Difficile* incidence	Quarterly	--†
Nursing Home		
• Clinical quality measures from Medicare	Quarterly	Feb 2011‡
• Resident and family satisfaction	Annually	Apr 2011†
• Employee influenza vaccination rates	Annually	--†
Physician		
• HIT adoption	Annually	Mar 2011

*Home Health Compare has been on hold for the transition to OASIS-C measures.
†Report in progress.
‡Nursing Home Compare has been on hold for the transition to MDS 3.0 measures.

Rhode Island Healthcare Quality Reporting Program Steering Committee

Rosa Baier, MPH
Department of Health Contractor (Facilitator)

Ted Almon
The Claflin Company (Business Community Representative)

Virginia Burke, Esq.
RI Association of Health Care (Licensed Facilities Representative)

Cathy Cranston
RI Partnership for Home Care (Licensed Facilities Representative)

Arthur Frazzano, MD
Rhode Island Medical Society (Medical Profession Representative)

Neal Galinko, MD, MS, FACP
UnitedHealthcare of New England (Health Insurer and Health Plan Representative)

Diane Gallagher
Alliance for Better Long-Term Care (Consumer Representative)

Debra McDonald, RN
Blue Cross & Blue Shield of RI (Health Insurer and Health Plan Representative)

Linda McDonald, RN
United Nursing and Allied Professionals (Nursing Profession and Organized Labor Representative)

Jim Nyberg
LeadingAge RI (Licensed Facilities Representative)

Donna Policastro, NP, RCN
RI State Nurses Association (Nursing Profession Representative)

Louis Pugliese
Eleanor Slater Hospital (Department of Mental Health, Retardation and Hospitals)

Gina Rocha, RN, MPH
Hospital Association of RI (Hospital Representative)

Vacant seats (5):
House of Representatives; State Senate; Department of Human Services; Department of Elderly Affairs; and one Director Appointment

April 18, 2012

Michael Fine, MD
Director of Health
Rhode Island Department of Health
Three Capitol Hill
Providence, RI 02908

Dear Dr. Fine:

On behalf of the Healthcare Quality Reporting Program's Steering Committee, which I facilitate, I am writing to provide the committee's recommendations regarding the program's current priorities and future direction.

As you know, the committee is a legislatively-mandated stakeholder group that advises the program on publishing comparative performance measures for licensed healthcare facilities and providers, per RIGL Chapter 23-17.17, Section 23-17.17-6. The committee's role includes providing policy recommendations to guide programmatic activities and direction. Since the program's inception in 1999, we have made significant progress publishing reports: our successes include being among the first states to report hospital, nursing home and home health patient satisfaction data and the only state (to date) to collect and report data on physicians' health information technology (HIT) adoption.

The program is at a critical juncture, currently resuming activities after a nine-month contracting hiatus (July 2011-March 2012) and with a state operating budget now at 50% of historical funding levels (1999-2011). We must critically examine every facet of the program to maximize its benefit and impact.

The recommendations that follow on pp. 2-3 are based on structured interviews conducted with 11 of the 12 current committee members between April 4, 2012 and April 12, 2012. Two program staff conducted each interview, recording notes independently and then combining them to identify overall themes and formulate recommendations. We vetted the first draft of this letter and the attached recommendations with the full committee at its April 16, 2012 meeting, prior to finalizing and sending them to you.

Additionally, at the April 16, 2012 meeting, the committee requested that you share Department of Health population health outcomes goals with the program, so that they can begin to align reporting efforts with such goals.

On behalf of the committee, I suggest that you use these recommendations to prioritize and implement program activities. Thank you for your consideration.

Sincerely,

Rosa Baier

Rosa Baier, MPH
Facilitator, Steering Committee
Program Director, Healthcare Quality Performing Program

CC: Steering Committee Members
Samara Viner-Brown, MS, Chief, Center for Health Data and Analysis

Healthcare Quality Reporting Program Recommendations
April 16, 2012

The following recommendations from the Steering Committee are based on structured interviews conducted with 11 of our 12 current committee members between April 4, 2012 and April 12, 2012 and feedback received during the April 16, 2012 committee meeting.

1. **Sustain all current activities.**

   None of the committee members could identify a program activity that could be discontinued or streamlined. Committee members universally said that current activities (including both the stakeholder process and the reports themselves) are valuable and should be sustained.

   Many specifically commented on how useful the data reports are for healthcare providers' peer benchmarking and internal quality improvement, although they recognized opportunities to improve both the website's usability and consumers' awareness and use of the reports.

2. **Expand reporting to align with local and national priorities**.

   Most committee members commented on the importance of further expanding program activities to support and anticipate the changing healthcare environment.

   Locally, this includes ensuring that the data reports are used to inform state planning and reflect topics, such as home health care, that support policies to shift patients to home and community-based services.

   Nationally, this includes aligning reporting topics with patient safety and hospital readmission initiatives, for example, and incorporating changing Medicare reporting methods and quality measures.

3. **If activities *must* be streamlined due to funding, retain primary data collection efforts and eliminate clinical quality measure reports.**

   Several participants cited primary data collection efforts that are important and should be sustained; specifically mentioned were the home health satisfaction survey, nursing home satisfaction survey and physician HIT survey. These primary data support concurrent state policies and priorities, such as policies shifting patients from acute and long-term care to home and community-based services and payors' efforts to accelerate HIT adoption.

   There was general agreement that the program could link to national reports, where they exist, rather than duplicate efforts to generate local report formats; examples would be the home health, hospital and nursing home clinical quality measure reports. However, most committee members saw value in the local formats and said that eliminating them would be a last resort.

4. **Seek grant funding for both operations and research.**

   All committee members supported using the state funding to apply for external funding.

   Grant funding could sustain current stakeholder and reporting activities and also enable expansion; for example, improved marketing of reports to consumers, website redesign or the addition of new reporting topics.

   Research funding could support consumer testing of report content and formats, as well as evaluation of the impact of reports on patient choices, outcomes and costs. The program could disseminate research lessons to build on our public reporting leadership and better position the program to receive grant funding.

5. **Improve consumer awareness and use of the reports**.

   Many committee members recognized lack of consumer awareness as a key barrier to ensuring the program's maximal impact. Currently, the program notifies subcommittee members when recurring reports are released and disseminates press releases for noteworthy reports; but the reports are only available electronically and are not specifically marketed either to consumers (patients and families) or to the providers who help consumers make care decisions.

   Low-cost suggestions to address this issue included leveraging committee members' existing communication vehicles (websites, newsletters, etc.) to share information more widely and outreaching to community partners (AARP, THE POINT, etc.) and discharge planners who can incorporate the reports into the information they share with consumers.

   Of the three recommendations centered on the reports themselves (recommendations # 5-7), committee members cited awareness as the highest-priority task.

6. **Improve the content and format of the reports.**

   Several comments focused on the content and format of the reports, many of which are published as "diamond reports" (one, two or three diamond ratings) or bar graphs and most of which include all providers in a single, static PDF file format. Recommendations included providing additional context (at appropriate health literacy levels) and exploring ways to make the reports interactive and user-driven, allowing consumers to view multiple providers and several quality measures of their choice.

   These comments are in line with recommendations provided to the program by a 2005 technical expert panel, which recommended testing reports with consumers and incorporating cognitive science into the report formats.

7. **Improve the program's website and branding**.

   Similar to recommendation #6, committee members advised improving the navigation, language (context) and ease of use of the reporting program website.

   Adding key words to the web pages may be an easy way to increase the likelihood that consumers find the reports, since there is some evidence that consumers use different search phrases than experts. Testing the navigation and text with consumers may also increase the likelihood that they use the information they find.

   Many other states have dedicated URLs that are "branded" and marketed to consumers (e.g., MyHealthOptions or CalHospitalCompare). Recommendations included creating a similar website, either separate from or linked to the Department's.

8. **Expand committee members' roles and responsibilities.**

   Many suggested that the program ask committee members to provide in-kind support, either to accomplish program tasks (if needed) or to maximize the program's community reach (similar to recommendation #5). Some suggested that the steering committee's in-kind support could be codified in a charter that describes committee members' roles and responsibilities.

Steering Committee: Structured Interviews & Advisory Letter

Rosa Baier, MPH
Liz Babalola

Steering Committee
April 16, 2012

Objective

- Obtain Steering Committee feedback about:
  - How to prioritize and improve program activities
  - Recommendations for future direction
- Summarize themes in an Advisory Letter from the Steering Committee to the Director
- Re-engage Steering Committee members

Methods

- Structured interviews with Voting Members
  - Interview guide with 7 questions
  - Multiple follow-up "probes"
- 30-minute interviews
  - Spoke with 11 of 12 current members

Interview Guide

1. What would you say the program aims to accomplish?
2. What works well?
3. What could we do differently?
4. What do you most want the program to achieve?
5. How can we improve the reports to expand our impact within the Rhode Island community?
6. If we need to prioritize activities, what must continue?
7. In general, what are your recommendations for the program's future direction?

Analysis

- Conducted by two program staff (Liz and Rosa)
- Audiotaped 10 of the 11 interviews
  - Obtained permission
  - Used recordings to transcribe quotes
- Identified themes independently, then compared notes to formulate recommendations

In Your Words:
Program Aims or Goals

" The Steering Committee embodies the mission. We direct the overall healthcare system and provide general direction for data-driven quality. You get what you measure; you need to measure to improve."

" We provide the public with the opportunity to assess quality of services of individual providers. And providers with the opportunity to improve."

"It seeks to give the public important and useful data [and uses] education as a tool to improve quality."

" The data has to be clear, meaningful and usable by the consumer. I think that's our charge."

In Your Words:
Program Strengths

"[Our] established committees and processes provide careful vetting and there is a diversity of representation."

"[We use a] common evaluation process to ensure comparison of apples to apples."

"The end product [is where we bring value]. Providers are always interested in the outcomes."

"Someone needs to make sure that the public knows services are evidence-based."

In Your Words:
Program Opportunities ("BUT")

"The public doesn't always know this is an opportunity for them."

"What is the effectiveness? Is the transparency improved? Is the system better, safer? How is the public using the info?"

"We need to know how consumer behavior changes and how quality improves. There's always going to be some incidence of poor outcomes, but what are the outcomes?"

"[We need to] ensure that healthcare reform is based on increases in quality. Driving improvement in outcomes and cost is a very important element in healthcare reform."

Recommendation 1:
Sustain all Current Activities

- No activities identified to be discontinued or streamlined
  - Stakeholder process and reports are valuable
  - Reports inform provider benchmarking and quality improvement

" My struggle with that is: What could we drop? It's really hard to say what piece of this, what component, is less important than all the other pieces. I can't identify one."

"I don't think there's really anything that you can stop."

"I couldn't really identify anything that's unimportant…they are all important."

Recommendation 2:
Align with Local and National Priorities

- Expand reporting to align with local and national priorities
- Anticipate changing healthcare environment:
  - Support state policies and planning
  - Align topics with national initiatives and methods

" I think the state public reporting program should continue to align its reporting activity with the federal activity. So, as much as we can homogenize the public reporting activity in the state that coincides with what's going on federally, I think there will be a lot better data. A lot better way to interpret the data and it just makes good sense to do that."

Recommendation 3:
Retain Primary Data Collection Efforts & Eliminate Clinical Quality Measure Reports

- Cited several primary data collection efforts that are important and should be sustained:
  - Home health satisfaction survey
  - Nursing home satisfaction survey
  - Physician HIT survey
- Link to national reports, where they exist (last resort)

"Satisfaction surveys are really important because of the perception of fraud and abuse [in some settings]."

Recommendation 4:
Seek Grant Funding

- Support using state funds to apply for external funding
- Include both operations and research:
  - Sustain current activities
  - Improve or expand activities (reports, marketing, website)
  - Evaluate program (consumer testing, outcomes)

" Why wouldn't we want that?"

" Yeah, that's a good option. I would imagine that there are any number of funding sources that come to mind."

Recommendation 5:
Improve Consumer Awareness & Use

- Need to address lack of awareness (key barrier)
  - No widespread notification/marketing
  - Reports only available electronically

" I don't know that the public really knows that this is an opportunity for them when they are looking for information."

"[There] are so many different websites that one has to go to… as far as comparison data, I think keeping it easy for them to access. And also letting them know it is there."

" With education, you have got to look at what your target audience is and how your target audiences get the information. Having it accessible and available at one location may not be enough. We might want to think about looking at other places where the information could go – because not everyone has a computer."

Recommendation 5 (Cont'd):
Improve Consumer Awareness &Use

- Suggest low-cost strategies, such as:
  - Leveraging committee members' existing communication
  - Outreaching to community partners and discharge planners

" I would partner with community agencies who can reach consumers."

" I think there are community partners that could take this information and share it with their constituency."

" I think whomever is on the steering committee we should utilize as community partners in disseminating the information."

Recommendation 6:
Improve Report Format & Content

- Provide additional context (at appropriate health literacy levels)
  - Explore ways to make the reports interactive and user-driven
  - Allow consumers to view multiple providers and several quality measures of their choice
- Recommendations align with those from the 2005 expert panel

" The vision going forward would be taking all the work that's been done and making it more user-friendly…to really make it a more useful tool for consumers. We're getting there, but that's sort of the next big step."

" Figuring out some kind of way to make that information available to people in a way that is user-friendly and that people know what it is that they are looking for or looking at."

Recommendation 7:
Improve Program's Website & Branding

- Improve the navigation, language (context) and ease of use of the reporting program website
  - Add consumer search phrases (key words)
  - Test navigation and text
- Create a dedicated URL that is "branded" and marketed to consumers
  - Similar to other leading states (MA or CA)

"…make it more available on the HEALTH website. You go to the homepage and it's 'I want to do this, do this, do this, view restaurant inspection reports…' But there's nothing about 'view healthcare provider reports' on the main page. You have to sort of burrow into the website to find it."

Recommendation 7:
Expand Committee Members' Roles & Responsibilities

- Solicit in-kind support
  - For program tasks (if needed)
  - To maximize the program's community reach
- Could be codified in a charter that describes committee members' roles and responsibilities

"Expand voluntarily involvement of the stakeholders, including the Steering Committee, trade associations and others. Change the request; ask for resources."

"Encourage organizations to put links on their websites."

In Your Words:
Steering Committee Meetings

"Limit to one or two topics [per meeting]. Provide details for thoughtful discussion."

"Leave the decisions to the Subcommittees, the experts."

"Focus more on policy, health reform, less on esoteric details and methods."

"Make sure people understand their role and the value they bring. Increase engagement."

"Meet later in the day, maybe 5pm."

"Change the meeting schedule to avoid [recurring conflicts]."

Next Steps

- Finalize Advisory Letter
- Continue content analysis
- Incorporate findings into future discussions

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