



Healthcare Quality Reporting Program

**STEERING COMMITTEE**

7/23/12, 3-4:30pm

Department of Health, Room 401

*Facilitation: Rosa Baier, MPH and Samara Viner-Brown, MS*

*Recorder: Ann Messier*

**Voting Members**

<input checked="" type="checkbox"/> Ted Almon (plus rep)	<input checked="" type="checkbox"/> Neal Galinko, MD, MS, FACP	<input type="checkbox"/> Donna Policastro, NP, RCN
<input checked="" type="checkbox"/> David Ashley, MD	<input checked="" type="checkbox"/> Diane Gallagher	<input type="checkbox"/> Louis Pugliese
<input type="checkbox"/> Virginia Burke, Esq.	<input checked="" type="checkbox"/> Debra McDonald, RN	<input type="checkbox"/> Rhoda Perry
<input type="checkbox"/> Cathy Cranston	<input checked="" type="checkbox"/> Linda McDonald, RN	<input type="checkbox"/> Gina Rocha, RN, MPH
<input checked="" type="checkbox"/> Michael Fine, MD ( <i>Chair</i> )	<input checked="" type="checkbox"/> Jim Nyberg	

**Agenda**

3:00pm **Open Meeting**

*Michael Fine, MD, Chair*

- Dr. Fine welcomed the group and reviewed the meeting's objectives.
- Rosa reminded the committee of their guidance to the program, which is helpful to keep in mind throughout the committee discussions:
  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.
  8. Expand committee members' roles and responsibilities.

- She then reviewed the previous meeting's action items:

- **Implement the Hospital Compare links (Margaret/Ann) - Complete**

The program's website now includes links to Hospital Compare, as well as Home Health Compare and Nursing Home Compare.

- **Provide committee CDI feedback to the HAI Subcommittee (Rosa/Sam) - Complete**

Sam and Rosa shared the committee's guidance with the HAI Subcommittee. Today's agenda includes discussion of the Subcommittee's response.

- **Invite Dr. Mermel to the committee CDI discussion (Rosa/Sam) - Complete**

Dr. Mermel is attending this week, so he was unable to join the committee for today's discussion. Sam is Co-Chair of the HAI Subcommittee and will help to represent the group during today's discussion.

- **Write advisory letter containing today's recommendations (Rosa/Sam) – Complete**

Rosa and Sam created an advisory letter after the last meeting, and shared a draft via email in June and with today's agenda.

3:15pm

### **Programmatic Updates**

*Rosa Baier, MPH, Facilitator*

*Samara Viner-Brown, MS, Facilitator*

#### – Membership

As discussed in May, Dr. Fine extended five invitations to new Steering Committee: a State Representative, State Senator, Director of the Division of Elderly Affairs, Director of Human Services and an appointment of Dr. Fine's choice (Dr. David Ashley). Two new members have joined, Rhoda Perry and Dr. Ashley. However, Senator Perry decided subsequently not to run for re-election and we are still awaiting responses from the remaining five invitations.

We also received notice from Dr. Art Frazzano that he would be unable to continue participating because of a recurring conflict, so we are working with Dr. Fine to find a new Rhode Island Medical Society representative.

#### – Completed reports

- *Data updates (handout)*

Rosa and Sam reviewed the reports published since May, which include the three Physician HIT Survey reports (below). We also eliminated the clinical quality measure reports for home health agencies, hospitals and nursing homes, based on the committee's direction about the use of scarce program resources.

- *Physician HIT Survey detail reports (handouts)*

Since the last meeting, the program has generated three additional "detail reports" using data from the 2012 Physician HIT Survey. These focus on physicians' perceptions of current *care* (the health information exchange), plans to apply for meaningful use and vendor selection. Copies were included with today's meeting materials.

The group discussed the data included in the detail reports, providing suggestions to examine: (1) meaningful use by physician specialty and site and (2) vendor selection by Office of the National Coordinator for HIT certification.

#### – 2011-2012 employee influenza vaccination data submission

Licensed healthcare facilities were required to submit their annual employee influenza vaccination data to Dr. John Fulton by 7/1. The program is in the process of obtaining the data files from Dr. Fulton, with plans to publish data for both hospitals and nursing homes. This will be the first public report for nursing homes, which previously participated in a pilot where they each received their own rates.

At the last Home Health Subcommittee meeting, that committee also discussed beginning a pilot phase for home health agencies. This continues the committee's direction to shift the emphasis to primary data collection efforts.

– Steering Committee direction to seek funding

• *Agency for Healthcare Research and Quality (AHRQ) grant (handout)*

Rosa shared the “Lay Abstract” and “Specific Aims” documents from an application that Healthcentric Advisors submitted to AHRQ for a grant entitled, “Building the Science of Public Reporting.” She had a call with AHRQ last week and is hopeful that the grant will be funded on 9/1.

The grant would give us funding to:

1. Gather qualitative input from home health consumers about the content and design of home health public reports;
2. Create a new home health report format and web delivery platform; and
3. Test the new report format against the old format using a randomized, controlled trial (RCT) design with hospitalized patients being discharged with home health services.

The grant is a partnership between Healthcentric Advisors and Brown researchers. It would be implemented in partnership with HEALTH and the public reporting program. Lifespan has signed on to serve as the site for the RCT.

Importantly, this would give us the resources to gather consumer feedback—as first recommended in the 2005 technical expert panel's report—and funding to begin to shift from the static website to a dynamic web-based tool.

Ted asked how much funding the grant provides. Rosa responded that the budget would be negotiated with AHRQ based on budget cuts, but should be in the vicinity of \$600K for three years, split between Healthcentric Advisors, Brown and a web developer, with incentives included for home health consumers and hospital discharge planners to participate.

• *Rhode Island Foundation meeting*

Rosa shared that she and Sam have a meeting scheduled with Yvette Mendez at the Rhode Island Foundation to seek one-time funding to build a scalable website for the program that provides consumers with ready access to the information they need to inform their healthcare choices.

In early communications, Rosa shared with Yvette that, while we've built the program using a unique stakeholder-driven process and data expertise, to date we've focused on provider-side transparency and market competition. She said we are now at a critical juncture with consumers: the opportunity to translate our work into a powerful tool that empowers patients and helps them improve their care and experiences. (This would also enable us to get a jump start on the website development included in the AHRQ grant.)

Rosa asked for the group's thoughts on framing the discussion and request. The group discussed strategies, with Ted suggesting that the request be simple and straightforward, coached in terms of the benefit to Rhode Island patients.

3:45pm **Subcommittee Topics***Rosa Baier, MPH, Facilitator**Samara Viner-Brown, MS, Facilitator*– Home health satisfaction reporting

Per the Home Health Subcommittee, there are three home health populations and the Subcommittee recommended publicly reporting patient satisfaction every two years for two of these three groups:

Population	Current Requirement
1. Medicare, skilled patients	Home Health CAHPS (any vendor)
2. Skilled, commercial patients	Not included
3. Non-skilled patients	Press Ganey's instrument

The two-year timeframe was selected because of the burden (cost and time) for agencies to participate. The agencies are due to collect these data again from September through December, so the Subcommittee met to review the process. Their current recommendations are:

Population	Subcommittee Recommendation
1. Medicare, skilled patients	Link to Home Health Compare
2. Skilled, commercial patients	Not included
3. Non-skilled patients	Stop reporting

The Medicare, skilled patient recommendation has changed to a link to Home Health Compare, since Medicare has begun publishing public reports for Home Health CAHPS data on Home Health Compare. Given the Steering Committee's previous direction to link to Home Health Compare, where data exists, the Subcommittee recommended doing the same for the satisfaction data as for the clinical quality measures.

The non-skilled patient population recommendation has changed to eliminate the reporting requirement. The Subcommittee recommended dropping this requirement, in the belief that skilled care is the most relevant to the public reporting mandate and in recognition of the burden to agencies. All of the non-skilled patients are surveyed regularly by their agencies, but using different survey instruments; data comparison is not possible.

After discussion, the Steering Committee asked to defer the direction to the Subcommittee until after gathering some additional information about:

1. The number of agencies that would be excluded from reporting if non-skilled agencies were exempt; and
2. The process that Medicaid uses to collect satisfaction data for Medicaid, skilled patients (a fourth population) and patients in the nursing home diversion program.

The decision will not be made until September and will require deferring the non-skilled agency survey timeline, which was due to begin then (if it continues).\

– Nursing home satisfaction reporting

The Nursing Home Subcommittee met recently to begin preparations for the annual resident and family satisfaction survey process, which is scheduled for September through November. In response to Subcommittee feedback, Margaret is drafting a survey to ask facilities for input on the survey process and instrument, so that we can customize the questions to our local environment and ensure that the results continue to be useful both for public reporting and for internal quality improvement. The program will notify facilities in August about the upcoming requirement, with My Innerview (the vendor) following up in September to obtain contracts, facility information and mailing lists.

– Hospital *C. Difficile* reporting

At the May meeting, we discussed inviting Dr. Mermel, HAI Subcommittee Co-Chair, to attend this discussion. Dr. Mermel is attending this week, so he was unable to join the committee for today's discussion. Sam is Co-Chair of the HAI Subcommittee and will help to represent the group during today's discussion.

At the last HAI Subcommittee meeting, Rosa shared the Steering Committee's guidance with the Subcommittee: That subcommittees link to national reports, where they exist, but continue local data collection and reporting efforts until national reports are published, if national reporting is planned but has not yet begun. This is relevant guidance for *C. Difficile* reporting, since we have been collecting *C. Difficile* incidence (CDI) data locally since January 2011. Medicare began requiring data submission using Lab ID (a different method) in July 2012, but does not plan to begin publishing Lab ID reports until 2014.

Rosa described the Subcommittee's work to date on *C. Difficile* reporting:

- The Subcommittee selected the CDI method because they believe that it provides more accurate and actionable information than Lab ID.
- Hospitals have five quarters of data collected and will soon submit a sixth, but no public reports have been issued because the CDC has been advising the group on methods for reporting and recommended additional data to account for variation.
- The program may be able to issue a report with six quarters of data and could recommend issuing a single CDI report to present, then switching to the Lab ID report in 2014.
- Prior to releasing a local report, we need to ascertain which lab tests hospitals are using and identify a method that accounts for the fact that some hospitals have switched testing methods during the data collection period to date.
- Collecting both CDI and Lab ID data is burdensome for facilities, although many infection preventionists will continue to collect both to identify the discrepancies between the methods.
- We explored using hospital discharge data, which is administrative and does not require any data collection, but that that rate is higher than CDI and led to worse diamond scores for half of the facilities.

This history led the Subcommittee to review the Steering Committee's guidance and suggest that, instead of releasing a CDI report, we survey hospitals about *C. Difficile* processes and then report process metrics and information about *C. Difficile*, instead of *C. Difficile* outcomes. One of their primary concerns was the fact that consumers might be confused if we release diamonds calculated based on CDI and then switch to a new data source in 2014.

The Steering Committee discussed the history and next steps, ultimately deciding not to formulate additional guidance or direction until after reviewing the CDI data as a group. They would also like to hear Dr. Mermel's thoughts. Since the next meeting is not until September, hospitals will continue collecting both measures in the interim.

4:15

#### **Other Business/Announcements**

*Michael Fine, MD, Chair*

- Dr. Fine requested that future meetings include data review and the possible use of a dashboard type report, similar to what Sam and her division report internally to the Executive Committee at HEALTH on a weekly basis. HEALTH also has a departmental Dashboard, where all divisions and centers report on a set of activity, quality and outcome measures on a monthly basis. Some of these relate to Healthy People 2020 objectives.
- During the open meeting portion:
  - Dr. Fine reported that HEALTH has a CDC PHPS fellow arriving, Ray Smoot, who will be examining the quality process related to primary care.
  - Ted reported that Elizabeth (Betsy) Loucks has been appointed Executive Director at Health Right.
  - Rosa invited people to attend Medicaid's Integrated Care Stakeholder Workgroup for Oversight, Monitoring, and Continuous Improvement. The group is recommending metrics for the new Integrated Care Initiative (Medicare/Medicaid) and will meet three times, beginning 7/24 from 3-5pm at the Warwick Public Library. Rosa is one of the community co-chairs.
- Action items:
  - Follow-up with Dr. Fine on vacant Steering Committee seats (Rosa/Sam)
  - Analyze meaningful use by physician specialty and site (Margaret/Blake)
  - Analyze vendor selection by certification (Margaret/Blake)
  - Determine number of non-skilled agencies (Margaret/Rosa)
  - Determine how Medicaid collects satisfaction data (Rosa)
  - Share Medicaid's nursing home diversion report with Rosa (Jim)
  - Share CDI data with the committee (Rosa/Sam)
  - Invite Dr. Mermel to the September meeting (Rosa/Sam)
  - Share Departmental dashboard (Sam/Dr. Fine)
- **Next meeting:** 9/24/12



## Healthcare Quality Reporting Program

**STEERING COMMITTEE DATA UPDATES**

7/23/12 (any updates in red)

<b>Data Updates (Reports, Oldest to Newest by Setting)</b>	<b>Update Frequency</b>	<b>Last Updated</b>
<b>Home Health</b>		
• Patient satisfaction	2 years	Jun 2011
<b>Hospital</b>		
• Hand hygiene processes	Annually	Apr 2012
• Central-Line Associated Bloodstream Infections (CLABSI)	Quarterly	Mar 2012
• Pressure ulcer incidence	Quarterly	May 2012
• Employee influenza vaccination rates	Annually	Aug 2011
• MRSA incidence	Quarterly	Mar 2012
• <i>C. Difficile</i> incidence	Quarterly	-- <sup>†</sup>
<b>Nursing Home</b>		
• Resident and family satisfaction	Annually	Apr 2012
• Employee influenza vaccination rates	Annually	Apr 2012 (pilot)
<b>Physician</b>		
• HIT adoption	Annually	May 2012