

Healthcare Quality Reporting Program

STEERING COMMITTEE

01/28/13, 3-4:30pm

Department of Health, Room 401

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

Recorder: Ann Messier

Voting Members

 Ted Almon  Neal Galinko, MD, MS,

FACP  Paula Parker, LCSW

 David Ashley, MD  Diane

Gallagher  Donna Policastro, NP, RCN

 Rep. David Bennett  Deidre Gifford, MD,

MPH  Louis Pugliese

 Virginia Burke, Esq.  Debra McDonald,

RN  Gina Rocha, RN, MPH

 Cathy Cranston  Linda McDonald, RN

 Michael Fine, MD (Chair)  Jim Nyberg

Agenda

3:00pm Open Meeting

Michael Fine, MD, Chair

- Dr. Fine opened the meeting, welcoming participants, and Rosa reviewed the meeting's objectives. The primary goals were to formulate recommendations regarding home health satisfaction reporting and surveying advance practice nurses about their health

information technology (HIT) adoption.

- Rosa began the 2013 meetings by reviewing the program's charge, to:

“[report] quality performance measures for healthcare facilities licensed in Rhode Island, [including] at a minimum [...] a set of clinical performance measures [...] and [...] patient satisfaction measures that shall be conducted periodically by facilities and reported to the Department.”

- The Steering Committee's charge is to “advise in the following matters:

- 1. “determination of the comparable performance measures to be reported,**
- 2. “assessment of factors contributing to the provision of quality health care,**
- 3. “selection of the patient satisfaction survey measures and instrument,**
- 4. “methods and format for data collection,**
- 5. “program expansion and quality improvement initiatives,**
- 6. “format for the public quality performance measurement report,**
- 7. “consideration of nursing sensitive performance measures to be reported on,**
- 8. “consideration of the relationship between human resources and quality, beginning with measurement and reporting for nursing staff, and**
- 9. “other related issues as requested by the Director.”**

(<http://webserver.rilin.state.ri.us/Statutes/title23/23-17.17/INDEX.HTM>)

- Cathy Cranston's tenure at the Rhode Island Partnership for Home Care ended in December, so the new Executive Director will be assuming her role on the Steering Committee going forward. Nicholas Oliver begins at the Partnership on Monday, 2/4.

- Deidre Gifford from the Executive Office of Health and Human Services (EOHHS) previously joined the Steering Committee as the Medicaid representative. Her membership was announced in December. She has a recurring conflict with the meeting time, but has been touching base with Sam and Rosa to provide input between the meetings.

- Review previous meeting's action items:

- Review past Steering Committee member attendance (Ann) – Complete**

Ann identified several individuals who have not attended or have attended infrequently. Rosa and Sam will engage these members to determine if they can designate a representative to attend in their place or to assume their role.

- Outreach to engage members and fill vacant seats (Sam/Rosa) – Pending**

Rosa has been working with Steve DeToy at the Rhode Island Medical Society (RIMS) to fill RIMS's vacant seat, and expects to announce a new member at the next meeting. We also need to replace Senator Rhoda Perry.

- Summarize recommendations in Advisory Letter to Dr. Fine (Sam/Rosa) – Complete**

Sam and Rosa sent the Advisory Letter to Dr. Fine in December, and a

copy is included with today's meeting materials. Dr. Fine has responded; his response will be shared with the minutes.

- Research TMH's demographics prior to releasing CDI report (Rosa) – Complete

At the previous meeting, the group discussed the C. difficile incidence (CDI) diamond ratings for the hospital, and expressed concern that the Miriam Hospital's rating was lower than the other hospitals.

Rosa and Maureen outreached to the Miriam's HAI Subcommittee representative to ensure that the hospital had advance notice of the report's publication, and Blake also examined demographic data for the facility. The Miriam does have an older population than the other hospitals in Rhode Island.

- Research provider data from Global Waiver Taskforce (Paula) – Complete

Paula researched the home health data shared with the Global Waiver Taskforce and available to Medicaid and the Division of Elderly Affairs, to inform today's discussion of home health satisfaction reporting (see discussion, below).

- Finalize Medicaid research re: home health satisfaction (Rosa/Sam) – Ongoing

Rosa sent several reports with the December meeting minutes; these were shared by Debbie Morales at Medicaid. Most of the existing data appears to be process measures (i.e., is satisfaction measured? Y/N), not satisfaction results.

Today's goal (see discussion, below) is to formulate a

recommendation regarding home health satisfaction.

- **Incorporate suggestions into the Physician HIT Survey (Rosa/Rebekah) – Complete**

Rosa, Rebekah and Melissa Miranda (who is new to the project) incorporated suggestions from numerous stakeholders, including EOHHS, HEALTH and the Steering Committee. Rosa summarized key edits during today's presentation (see discussion, below).

- **Explore administering the HIT Survey to advance practice nurses (Rosa/Sam) – Ongoing**

Today's goal (see discussion, below) is to formulate a recommendation regarding surveying advance practice nurses about their HIT adoption.

3:10pm Policy & Data Discussion Topics

Rosa Baier, MPH, Facilitator

Samara Viner-Brown, MS, Facilitator

- New/updated data reports

Since the committee last met, three reports have been completed:

- 1. Hospital CDI, published in November**
- 2. Home health healthcare worker (HCW) influenza vaccination, piloted in November**
- 3. Hospital MRSA CLABSI, published in December**

The next anticipated reports are:

- 1. Nursing home resident and family satisfaction, to be posted in the next 1-2 days**

2. Hospital hand hygiene, anticipated in March

3. Physician HIT adoption, anticipated in April

- Hospital C. difficile infection (CDI)vs. Lab ID rates

The CDI report included incidence data collected between January 2011 and June 2012, but in July 2012 Medicare began requiring hospitals to submit a different kind of data, Lab ID, via the CDC's NHSN system.

While the CDI data combines positive lab test results with clinical assessment and eliminates community-acquired cases, Lab ID reflects only lab test results; it may include colonized (but asymptomatic) patients and cases that are community-acquired. Medicare plans to begin publicly reporting the Lab ID data in 2014, which means that hospitals rates are likely to increase compared to the historical CDI data included in our report.

To compare the two methods, six hospitals voluntarily shared both CDI and Lab Id data for July-September 2012 (Q3 2012), allowing us to assess the difference. Rosa is working with Dr. Len Mermel, HAI Subcommittee Co-Chair, to write a letter to the editor that shares the data and discusses the policy implications of using Lab ID instead of CDI.

- Nursing home satisfaction data

The meeting handouts included an aggregate report from My InnerView, the nursing home satisfaction vendor, showing the state's resident and family satisfaction results for 2012. The "diamond report" showing facility-level data is complete and should be posted on HEALTH's website in the next 1-2 days.

- Physician HIT Survey edits for 2013

Rosa outreached to numerous stakeholders for suggested edits to the 2013 Physician HIT Survey, including the Dr. Fine, the Steering Committee, payers (Blue Cross & Blue Shield of Rhode Island, Tufts and UnitedHealthcare), state agencies (EOHHS and HEALTH) and private stakeholders (Healthcentric Advisors and the Rhode Island Quality Institute).

Rosa, Rebekah and Melissa incorporated changes in both the office- and hospital-based survey instruments, including some that assess the perceived barriers and impact of using an EMR (see slides 17-18). We also included comments about CurrentCare and the other, informal health information exchanges. Dr. Fine commented that the survey data will help to assess whether comments he hears reflect the opinions of physicians at large or a smaller minority.

The Physician HIT Survey goes live 1/29 and the public report is anticipated by April 2013, although preliminary data for select questions will be shared earlier with Dr. Fine and the Steering Committee.

- Advance Practice Nurse HIT Survey

Previously, the Steering Committee advised the program to consider surveying advance practice nurses. Sam and Rosa have discussed this, but adding advance practice nurses requires administering the survey separately. There are costs to the program (revising the instrument, mailing to the nurses, responding to questions and

performing analysis) that require us to consider the opportunity cost; what we would stop doing to assume this new task.

For comparison's sake, Rosa shared that the Physician HIT Survey costs approximately 25% of the state's budget. (Currently, the budget is about \$56K annually; historically, it was \$120K. Dr. Fine commented that he hopes the health insurance exchange may have additional funding to help sustain and expand activities. Rosa also obtained a research grant from the Agency for Healthcare Research and Quality, discussed in previous meetings, which will include resources for program infrastructure.)

Recommendation: The group discussed the pros/cons and logistics, and recommended limiting the new survey to advance practice nurses in the hospital setting, but encouraged the program to proceed with this new survey. Sam and Rosa will meet to strategize about next steps and priority setting.

- Home health satisfaction reporting

Rosa reviewed previous discussions about home health satisfaction reporting. Current policy is for agencies to survey both skilled (Medicare) and non-skilled patients every two years, and the most recent survey was due in Fall 2012. That survey was put on hold, however, pending the Steering Committee's discussion of a Subcommittee recommendation to cease collecting satisfaction data locally and link to Home Health Compare, which has begun reporting Home Health CAHPS data.

The Subcommittee's recommendation is consistent with the Steering Committee's previous direction to link to Medicare Compare

websites, where data exists. However, it means that we are capturing data for only one population (Medicare) and eliminating non-skilled patients. Recent Steering Committee discussion also highlighted the fact that we are not surveying Medicaid patients, although Medicaid may have a need home health satisfaction data as the Integrated Care Initiative is launched. Rosa, Jim and Paula have each researched Medicaid's available data and needs; currently, there is no satisfaction data captured, although Medicaid-certified agencies are required to survey their patients.

Rosa requested that the group approve the Subcommittee's recommendation, enabling the program to communicate definitively back to the agencies. The Steering Committee can revisit this policy decision at any time, and can therefore take into account any changing needs for Medicaid or other stakeholders.

Jim asked about the precedent for reporting data for a single payer. Rosa responded that we often use existing data sources, many of which are Medicare data, to minimize the data collection burden (staff and time) for providers. As a result, we have already released reports that reflect a subset of the population. There is also an unfunded component of the program's contract that is Medicaid-specific and has never been implemented.

Recommendation: The group endorsed the Home Health Subcommittee's recommendation. Sam and Rosa will summarize this recommendation in an Advisory Letter to Dr. Fine.

4:15pm Other Business/Announcements

Michael Fine, MD, Chair

- HIT Trailblazer's Meeting

Rosa provided a brief overview of a December meeting, where she and Sam were invited to represent the program. The meeting was a state agency meeting regarding national technical assistance available to help states with HIT activity planning. The agenda included reviewing local and national initiatives, including physician quality reporting, and identifying and prioritizing opportunities.

Among the meeting's outcomes were recommendations for a local physician data repository that captures all of the data physicians are required to submit to various places, and has the potential to report data back to physicians.

Rosa wanted the group to be aware of this meeting, because of the public reporting implications.

- All-Payer Claims Database (APCD)

Rosa also provided a brief reminder that the APCD is embedded in the program's legislative mandate and includes reference to the Steering Committee's role:

“The [Steering Committee] shall [...]serve as the working group to advise the director on the development and implementation of the [APCD and...] advise the director as to the most effective means to make the database accessible to the public for purposes of improving the quality of health care services.”

(<http://webserver.rilin.state.ri.us/Statutes/title23/23-17.17/INDEX.HTM>)

To date, the APCD has operated independently of the program, as a multi-agency partnership that includes EOHHS, HEALTH, the Office of the Health Insurance Commissioner and the health insurance

exchange. However, Rosa wanted the group to be aware of the references to their role.

- Action items:

- Outreach to engage members and fill vacant seats (Sam/Rosa)**
- Send Gina the MMWR healthcare worker flu vaccination data (Rosa)**
- Strategize about the Advance Practice HIT Survey (Sam/Rosa)**
- Write a home health satisfaction Advisory Letter to Dr. Fine (Sam/Rosa)**
- Include the PBN CurrentCare link with the minutes (Rosa)**

- Next meeting: 3/25/13