



Healthcare Quality Reporting Program

STEERING COMMITTEE

03/25/13, 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"/> Diane Gallagher	<input checked="" type="checkbox"/> Paula Parker, LCSW (rep)
<input type="checkbox"/> David Ashley, MD	<input type="checkbox"/> Deidre Gifford, MD, MPH	<input type="checkbox"/> Donna Policastro, NP, RCN
<input type="checkbox"/> Rep. David Bennett	<input checked="" type="checkbox"/> Debra McDonald, RN	<input type="checkbox"/> Louis Pugliese
<input checked="" type="checkbox"/> Virginia Burke, Esq.	<input checked="" type="checkbox"/> Linda McDonald, RN	<input type="checkbox"/> Gina Rocha, RN, MPH
<input type="checkbox"/> Michael Fine, MD (<i>Chair</i>)	<input checked="" type="checkbox"/> Jim Nyberg	
<input checked="" type="checkbox"/> Neal Galinko, MD, MS, FACP	<input checked="" type="checkbox"/> Nicholas Oliver, MPA, CAE	

Agenda

3:00pm **Open Meeting**
Michael Fine, MD, Chair

- Sam opened the meeting in Dr. Fine's absence, welcoming participants and asking everyone to introduce themselves. Today's meeting included one new member, Nicholas Oliver and several representatives or guests.
- Today's primary goals were to review new and upcoming reports, including preliminary results from the HIT Survey and its advanced practice registered nurse (APRN) and physician assistant (PA) pilot.
- Rosa reviewed the previous meeting's action items:
 - **Outreach to engage members and fill vacant seats (Sam/Rosa) – Ongoing**
Rosa provided an updated on Steering Committee engagement efforts, below.
 - **Send Gina the MMWR healthcare worker flu vaccination data (Rosa) – Complete**
Rosa sent *the Morbidity and Mortality Weekly Report* article to Gina after the January meeting.
 - **Pilot the HIT Survey with APRNs and PAs (Sam/Rosa) – Pending**
The HIT Survey is currently in the middle of the APRN and PA pilot; Rosa provided an update in the Policy & Data Discussion Topics.

- **Write a home health satisfaction Advisory Letter to Dr. Fine (Sam/Rosa) – Complete**
 Sam and Rosa submitted a letter on behalf of the committee, recommending that the program link to Home Health Compare and eliminate the requirement for agencies to survey non-skilled patients using Press Ganey. Dr. Fine responded endorsing that recommendation, which is now in effect as policy.
 Sam and Rosa subsequently mailed and faxed notifications to the home health agencies, informing them of the policy change.
- **Include the PBN CurrentCare link with the minutes (Rosa) – Complete**
 A *Providence Business News* article about CurrentCare came up in the January discussion, so Rosa included a link with the meeting minutes.
- Rosa provided several updates on Steering Committee attendance and membership:
 - Ann and Rosa looked at past meeting attendance and outreached to those who have been unable to attend to reaffirm their interest, and to ask for a designated representative to come on the days when they cannot.
 - As noted in January, Nicholas Oliver was appointed Executive Director of the Rhode Island Partnership for Home Care ended at the beginning of February and is assuming Cathy Cranston’s seat, beginning today.
 - The Rhode Island Medical Society (RIMS) recently nominated Dr. Bradley Collins to fill RIMS’s vacant seat. Rosa and Sam will provide Dr. Collins with an orientation before he officially joins the committee.
 - There is one remaining vacancy, the state senate seat, which was vacated when Rhoda Perry decided not to run for reelection. Rosa and Sam will work with Dr. Fine to send a new invitation to the senate.

3:10pm **Policy & Data Discussion Topics**

Rosa Baier, MPH, Facilitator

Samara Viner-Brown, MS, Facilitator

- The group reviewed data from the following new/updated data reports (see slides):

- Nursing home satisfaction (February)

In January, the group reviewed the aggregate report (provided then as a handout) from My InnerView, the nursing home satisfaction vendor, showing the state’s resident and family satisfaction results for 2012. Rosa shared the aggregate scores again, adding the results of five custom questions that the Nursing Home Subcommittee added to the survey (see slides).

Tracey Cohen, a guest from BCBSRI, asked about the response rates for the survey. Rosa responded that this is a single-wave mailed survey. After the meeting, Rosa provided those data in the minutes: overall, 89 facilities participated in the resident survey, with a response rate of 61%; 90 facilities participated in the family survey, with a mean response rate of 40%. (These data are from the aggregate report shared in January, which also includes historical trends for the response rates. Beginning this year, this report is also posted on the website.)

The “diamond report” showing facility-level data was posted on HEALTH’s website at the end of January. Melissa Miranda from the public reporting program has been

working with the communications points of contact at LeadingAge and the Rhode Island Health Care Association to create a press release (see handout), which is now being reviewed by Communications at HEALTH. Communications will finalize the press release and schedule its release.

The final step will for the 2012 survey process will be to complete the audit and send results to Facilities Regulations, recommending state citations to facilities that failed to survey residents and/or families.

- MRSA CLABSI (March)

The quarterly *Methicillin-resistant Staphylococcus aureus* (MRSA) Central Line-Associated Bloodstream Infections (CLABSI) report was released earlier this month, and shows that Rhode Island hospital intensive care units (ICUs) continue to outperform the national average for ICUs.

Tracey asked about the methods used for the report. Rosa responded that the data are self-reported to the program quarterly using the same measure specifications that Medicare requires hospitals to use for submission of CLABSI data to the National Healthcare Safety Network (NHSN). Locally, the Infection Control Professionals of Southern New England (ICP-SNE) group created operational definitions that all of the hospitals have adopted to ensure consistency between facilities. Data are aggregated from the ICU to the facility level using standardized incidence ratios (SIRs), and then presented using diamonds.

- The next reports will be:

- Hospital hand hygiene (March)

This annual report was originally a precursor to the MRSA and *C. difficile* clinical outcome measure reports, but the Hospital-Acquired Infections (HAI) Subcommittee has requested that the survey continue to be administered and reported. Rosa noted that most of the hospitals are passing all three process measures. The group discussed the value of the data and the fact that is self-report.

- Physician HIT adoption (April)

Today's slides included several aggregate analyses from the 2013 administration of the Health Information Technology (HIT) adoption survey to physicians, which was completed in February and is slated for publication by April. Overall, trends continue to increase for all five publicly-reported measures, which focus on electronic medical record (EMR) adoption and use and on e-prescribing.

Rosa said that the response rate was 62.3%. Tracey asked for this historical response rates. After the meeting, Rosa provided response rates for the past two years: in 2010, the response rate was 57.8%; in 2011, 62.9%; in 2012, 55.4%. (These data are included in the summary reports posted annually on the website.)

Rosa also shared several preliminary analyses for outpatient PCPs (see slides), focusing on questions of particular interest to Dr. Fine, related to what physicians would need to implement an EMR (if they don't have one) and the impact of EMRs on their satisfaction and take-home workload (if they do have one). These preliminary analyses were completed prior to cleaning the data, so the results are not final and no numbers are included in the slides. However, the trends are unlikely to change substantially.

- APRN and PA HIT adoption (June)

Based on the January discussion, Rosa and Sam worked with Dr. Rebekah Gardner to adapt the physician HIT survey instrument to APRNs and PAs.

The January discussion focused on “acute-care nurses,” but subsequent discussion helped to determine that this population is distinct from the earlier discussions about APRNs and may, in fact, have less autonomy with their HIT use. In other words, hospital nurses’ use of EMRs and e-prescribing is largely proscribed by hospital policy. APRNs’ and PAs’ use of HIT more closely mirrors physicians’.

Rebekah piloted the survey instrument with a small group of APRNs and PAs, and then the program finalized and disseminated the survey to all licensed APRNs and PAs (approximately 1,500) via mail and email. The survey is currently in the middle of a two-week survey period, closing next Monday (4/1). To date, the survey has received approximately 400 responses (see preliminary data in the slides).

Rosa discussed two lessons learned to date, including the fact that there are some licensed APRNs who are practicing as RNs (and should be excluded) and some clinicians who are licensed in Rhode Island, but not practicing here. The pilot results will be incorporated into next year’s instrument.

Beginning in 2014, we anticipate administering this on the same schedule as the physician HIT Survey, as a single “HIT Survey,” and reporting physician, APRN and PA results in a combined individual-level public report.

- Employee Influenza Vaccination Data

Rosa also shared some of the interim employee influenza vaccination data submitted to HEALTH on 1/31. She and Sam are working with HEALTH staff to ensure that all facilities are aware of the data submission requirement and hope to increase data submission rates, which are low in the home health and nursing home settings. Rosa suspects that these low rates are because the communications are not reaching the right person at the facility and/or there is confusion between weekly dose reporting and the annual employee influenza vaccination rate reporting.

Tracey asked for the interim data submission rates, which Rosa included as an attachment with the minutes. (This document was created by Hanna Kim at HEALTH and previously shared with the HAI Subcommittee at their March meeting.)

4:15pm **Other Business/Announcements**

Michael Fine, MD, Chair

- Open Forum:

- AHRQ Public Reporting Grant

Rosa provided an update on the Agency for Healthcare Research and Quality (AHRQ) grant awarded to Healthcentric Advisors, which complements the program’s activities. The overall goal of the study is to develop and test consumer-centric reports, and to create infrastructure that the program can leverage for reports in all healthcare settings. The first phase involves collecting qualitative data from home health patients/families and hospital case managers. Rosa asked for help sharing a fact sheet (handout) with patients or families who may be interested in participating in a focus group discussion for \$40.

- Hospital Payment Report

Ted asked for a few minutes on the agenda to share the hospital payment report commissioned by the Office of the Health Insurance Commissioner (OHIC). He asked for the group's thoughts on the wide variation in hospital payment reflected in the report, and suggested that there may be a role for the program in combining quality and cost information for consumers.

Rosa mentioned a recent study (included with the minutes) where someone called hospitals asking for surgical costs for an uninsured patient, and also found wide variation, but cautioned the group against linking low cost with high quality care, in the absence of evidence showing what are 'appropriate' costs for optimal quality.

Domenic Delmonico, a guest from Care New England, talked about the changing hospital payment models (e.g., bundled payment) and how those models may affect both hospital costs and also consumer choice.

- Finally, Rosa noted that FY2013 is drawing to a close at the end of June, and that the program is likely to spend down to \$0 prior to June 30. This is in part because of recent budget cuts that have seen our historical operating budget decrease from \$120K annually to \$55K, while the scope of work has increased, and in part because of the unexpected added expense of piloting the HIT Survey with APRNs and PAs.
- **Action items:**
 - Invite state senate representative (Dr. Fine/Sam)
 - Provide orientation to new committee members (Sam/Rosa)
 - Provide nursing home, HIT Survey and flu vaccination response rates (Rosa)
- **Next meeting:** 05/20/13