



Healthcare Quality Reporting Program

STEERING COMMITTEE

3/24/14, 3-4:30pm

Department of Health, **Beck Conference Room**

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

Recorder: Ann Messier

Voting Members

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

Agenda

3:00pm **Open Meeting**

Michael Fine, MD, Chair

- Dr. Fine welcomed committee members and asked Rosa to review the meeting objectives and past action items.
- Rosa went over the action items from our last meeting:

- **Finalize the new HIT Survey process (Rosa/Emily/Sam) - In progress**

Emily and Dr. Rebekah Gardner have been working to finalize the new HIT survey process. During physician licensure renewal years (every second year, beginning with 2014), the HIT Survey process will be linked with the licensure process and will be administered for a 3-month time period (April-June) that coincides with the last three months of the program's fiscal year. This year's licensure process will begin April 30. The survey will be administered simultaneously to APRNs and PAs.

Dr. Fine has been participating national discussions to better characterize the healthcare workforce. There is currently little data available on the physician workforce, for example, at either the state or national level. Once the national discussions identify key variables (hours worked, work sites, etc.), he is hoping to incorporate data collection into the information process.

- **Discuss the Hospital Summary Report revisions with the Hospital and HAI Subcommittee Chairs (Rosa/Emily) - Complete**

With the help of the Subcommittee Chairs, Sam and Dr. Len Mermel, the project team finalized and published the Hospital Summary Report (see handout). This report will be updated whenever new data is available for any column.

- **Discuss the Nursing Home Summary Report with Virginia Burke and Jim Nyberg (Rosa/Emily) – Complete**

With the help of Virginia and Jim, the project team finalized and published the Nursing Home Summary Report. After releasing it, the team received case manager feedback that the report was being copied and distributed, but that it would be even more helpful if it included facilities' addresses (see handout). We updated and republished the report. Similar to the Hospital Summary Report, this report will be updated whenever new data is available for any column.

3:05pm

Data Discussion*Rosa Baier, MPH**Emily Cooper, MPH*– **New data reports**

The group discussed the data reports released since the last meeting (see handouts):

1. Hospital Hand Hygiene
2. Hospital MRSA CLABSI
3. Hospital Summary Report (new)
4. Nursing Home Summary Report (new)
5. Nursing Home Satisfaction Report and press release

– **Discussion**

Discussion centered first on the hospital reports and then on the nursing home reports and the accompanying satisfaction press release:

• **Hospital reports**

Rosa presented the three hospital reports and then gave the group an opportunity ask questions and discuss the implications.

Gina asked about the methods used to assign diamond ratings. Rosa explained that the methods vary by measure and are detailed in separate Methods reports (included as attachments with the minutes). Generally, the clinical quality measure diamonds are assigned by comparing facility performance to the national average and assigning facilities that are significantly worse or better (based on statistical measures) one or three diamonds. The infection measure diamonds are assigned by calculating Standardized Incidence Ratios (SIRs) to compare observed infections against the number expected based on past performance, and assigning facilities that are significantly worse or better one or three diamonds.

Dr. Fine asked why the Hospital Hand Hygiene Report shows process measures, but does not report the results of the hand hygiene practices. Rosa explained that the report was the first step towards reporting MRSA outcomes, which are now reported. At the time the report was developed, the hospitals' infection control practices were too varied to collect uniform data (e.g., compliance with hand washing) for reporting. Now that the program reports MRSA, the HAI Subcommittee has periodically discussed the added value in continuing to report hand hygiene, but continues to recommend reporting these process measures.

Dr. Fine requested that the HAI Subcommittee explore the possibility of recommending a standard best practice that hospitals could then measure and report. Gina mentioned that the current process measures are based on the Joint

Commission standards, which include several methods (e.g., observing hand washing, measuring the amount of hand sanitizer used). Program staff will discuss this request with the Subcommittee and then report back to the committee.

- **Nursing home reports**

Rosa presented the two nursing home reports.

She reminded the committee that the program collaborated with Healthcentric Advisors' Safe Transitions project to collect information about nursing home capabilities. The information most pertinent to consumers was included in the Nursing Home Summary Report; more detailed information for ED and hospital case managers will be included in a Safe Transitions publication with one page per facility. This report will be shared with the Steering Committee when it is available.

As mentioned in the action items, after releasing the Nursing Home Summary Report, the team received case manager feedback that the report was being copied and distributed, but that it would be even more helpful if it included facilities' addresses. We updated and republished the report.

Paula asked why so few nursing homes provide information on employee influenza vaccination. Rosa explained that these data are collected by the Immunization Program. This is the first year the program reported vaccination rates in this setting; the previous year was a pilot, with data provided back to individual facilities but only reported in aggregate. Although nursing home data submission rates have increased (from 40% of facilities to 61% of facilities), they remain low in this setting and among home health agencies (30% agencies). We believe this is due to the fact that the requests are going to the email addresses on file with licensure, so our team is working with the Immunization Program to publicize the request via blast fax, emails, newsletters, etc. Nicholas suggested working with the trade associations to further spread the word, and Jim agreed.

- **C. difficile analysis (handout)**

When reviewing the Hospital Summary Report, Dr. Fine commented that the diamond ratings may be misleading, since Rhode Island is currently ranked worst in the nation for *C. difficile* infections (CDI). Rosa agreed that the comparative ratings provide very different information and insight, since they are a snapshot in time that serves to compare facilities against one another, but not against longitudinal trends or the nation.

She drew the group's attention to an analysis Yongwen Jiang and Sam recently presented, showing hospital infection rates in Rhode Island (see handout). The key finding was that Rhode Island ranks worst (51/51) for CDI. The group discussed the various data sources and mythologies used in the presentation. The HAI Subcommittee will also be discussing these data at their 4/21 meeting.

- **Dissemination/publicity strategies**

The team is continuing to explore opportunities to publicize the program's reports and data results. A recent example is our distribution of the Nursing Home Summary Report directly to hospital case managers, for distribution to patients. However, in past years, we have not had much success with the media picking up press releases.

Rosa shared a new press release format, courtesy the *Journal of General Internal Medicine*, which she thought might serve as a useful template. The team used this format to mock up a draft press release for the Nursing Home Satisfaction Report, and

Rosa asked for the committee's feedback on the form and content.

Dr. Fine agreed that it might be difficult to get interest in this report, but suggested including HEALTH's Communications Team and asking them how to make the information newsworthy. Nicholas also suggested quotes from the trade associations, as they would likely be willing to help promote the report. Jim offered to provide a quote and/or to help with publicizing the press release.

3:25pm **Treatment Equality Measures**

Rosa Baier, MPH

Emily Cooper, MPH

– **Program's charge**

Rosa reminded the committee that the program's charge is to publish comparative information (clinical quality measures and patient satisfaction) about facilities and physicians, to inform patient decision making. She asked the group to provide suggestions for how this program could report treatment inequality measures.

– **Background information**

At the last meeting, the team shared some "homework" with the committee, asking people to familiarize themselves with the following:

- Institute of Medicine report from Dr. Fine (attachment)
- AHRQ state snapshot: <http://nhqrnet.ahrq.gov/inhqrdr/state/select>
- AHRQ data query: <http://nhqrnet.ahrq.gov/inhqrdr/data/query>

These materials provide some context for today's discussion.

– **Discussion of reporting inequality**

The group discussed the following questions sent with the agenda:

- How should we define treatment inequality or disparities?
- How can inequality further the program's goals?
- What measure(s) could we report at the facility or physician level?
- What data source(s) exist to support reporting?
- How should we prioritize reporting inequality relative to existing reports?
- Could we relate inequality to healthcare-acquired infections (the CDC funding)?
- What should we *cease* reporting if we were to add a new report?

Gina spoke in support of reporting treatment inequality, but noted that because these issues affect the entire healthcare system, it might be difficult to create comparative reports. For example, the links provided above are at the state level. This may not fall under the program's directive.

Dr. Fine suggested creating comparative reports at the facility level by choosing common procedures (with enough volume for the conclusions to be meaningful) and stratifying them by demographic characteristics.

One of the first considerations will be what data are available. We do not have patient-level clinical data for home health agencies (OASIS assessment data) or nursing homes (MDS assessment data), but we do have hospital claims data in the Hospital Discharge Data set, which includes demographics, diagnoses, procedures and payments. We may also have access to the All-Payor Claims Database, if those data are shared free of charge among state programs. Gina asked how well hospitals are currently collecting

race, ethnicity and primary language information. Sam explained that HEALTH analysts have examined Hospital Discharge Data demographics and there is less missing information than there used to be, but that the data are not perfect.

Dr. Fine suggested exploring self-reported data sources, noting that Care New England, Lifespan and Landmark are all in the process of switching to the same EHR, Epic; this may provide an opportunity to use EMR data for reporting.

Dr. Fine asked if there were treatment equality measures that could be measured in nursing homes. Rosa will add discussion to the Nursing Home Subcommittee agenda.

After discussion, the group agreed to explore patient demographics as a preliminary step towards reporting treatment inequality, with the hope that the hospital systems' switch to Epic (3-4 years) will provide an opportunity to then report treatment inequality at the hospital level. Sam will request a Hospital Discharge Data set analysis to inform Hospital Subcommittee discussion. The team will bring this topic to both the Hospital and Nursing Home Subcommittees.

4:55pm **AHRQ Public Reporting Grant**

Rosa Baier, MPH

Emily Cooper, MPH

– **Abstract (handout)**

Rosa provided an update on Healthcentric Advisors' grant from the Agency for Healthcare Research and Quality. One of the primary goals is to develop and test a web infrastructure that can be provided to the public reporting program once the research objectives are complete. The first phase of the project involved gathering feedback from hospital case managers and patients about how they use home health reports to make decisions (see handout).

– **Web application prototype (handout)**

We are currently using the feedback we obtained from end users to develop a web application that helps people to choose home care based on their needs. We are working with the HEALTH Webmasters to ensure that application is compatible with the state website and will be scalable to additional healthcare settings.

Rosa shared screen shots of the existing prototype (handout) and asked the committee to share their thoughts. She commented that usability testing, which is ongoing, has demonstrated that we are overestimating consumers' computer literacy. Some of that navigation that we thought as simple and intuitive is not easy for them to use. We will address this in the next round of development.

– **Discussion**

The group discussed the following questions sent with the agenda:

- What do you think of the structure of the application (e.g. use of 'wizard' search, compare function and navigation features)?
- What do you think of the results page?
- What are your overall thoughts on the application?

Jim asked how the application will work for non-Medicare agencies. Rosa explained that all agencies, Medicare-certified and not, are included in the application, but that the quality and satisfaction information is limited to Medicare-certified agencies. The end users we spoke with were most interested in logistical criteria (insurance, service area,

etc.), but we are hoping that they will consider quality measures, where available, if they are included as part of the report. The application aggregates data from several sources, including flu vaccination data (all agencies), Home Health Compare (for Medicare-certified agencies) and data to be collected by the program (all agencies).

Nicholas suggested reconvening the Home Health Subcommittee to provide an update on this work, and asked how the location search will work, because many agencies have service areas outside of their immediate physical location. Rosa explained that we will be doing primary data collection to identify each agency's service area and that the search will be based on matching the patient's location with service areas.

4:10pm **Other Business/Announcements**

Rosa Baier, MPH

Emily Cooper, MPH

– **Action items**

- Discuss identifying hand hygiene standards with the HAI Subcommittee (Emily/Rosa)
- Request hospital demographics from Hospital Discharge Data set (Sam)
- Convene Hospital Subcommittee to discuss treatment equality (Sam/Rosa/Emily)
- Discuss treatment inequality with Nursing Home Subcommittee (Gail/Rosa/Emily)
- Convene Home Health Subcommittee to discuss flu vaccination and AHRQ grant update (Emily/Rosa)

– **Next meeting: 5/19/14**



Healthcare Quality Reporting Program
STEERING COMMITTEE DATA UPDATES

3/20/14

Data Updates (Reports, Oldest to Newest by Setting)	Update Frequency	Last Updated	Comments
Home Health			
• Clinical quality measures from Medicare	Quarterly	Nov 2009	Now links to Home Health Compare
• Patient satisfaction	2 years	June 2011	Discontinued at agencies' request
• Employee influenza vaccination rates	Annually	Sept 2013	
Hospital			
• Clinical quality measures from Medicare	Quarterly	May 2011	Now links to Hospital Compare
• Hand hygiene processes	Annually	March 2014	
• Surgical Care Infection Program (SCIP) Measures	Quarterly	May 2012	Now links to Hospital Compare
• Central-Line Associated Bloodstream Infections (CLABSI)	Quarterly	Sept 2012	Now links to Hospital Compare
• Pressure ulcer incidence	Quarterly	Sept 2009	Now links to Hospital Compare
• Employee influenza vaccination rates	Annually	Sept 2013	
• MRSA CLABSI incidence	Quarterly	March 2014	
• <i>C. Difficile</i> incidence	Once	Nov 2012	Will be reported by Hospital Compare in Jan 2014 (tentatively)
• Hospital Summary Report	Annually	Jan 2014	NEW
Nursing Home			
• Clinical quality measures from Medicare	Quarterly	Feb 2011	Now links to Nursing Home Compare
• Resident and family satisfaction	Annually	Feb 2013	
• Employee influenza vaccination rates	Annually	Sept 2013	
• Nursing Home Summary Report	Annually	Jan 2014	NEW
Licensed Independent Practitioners (Physicians, APRNs, PAs)			
• HIT adoption	Annually	Mar 2013	2014 in progress