Healthcare Quality Reporting Program

STEERING COMMITTEE

07/22/13, 3-4:30pm
Department of Health, Room 401

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

Voting Members		
☐ Ted Almon	☐ Michael Fine, MD (*Chair*)	☐ Nicholas Oliver, MPA, CAE
☐ David Ashley, MD	☐ Neal Galinko, MD, MS, FACP	☐ Paula Parker, LCSW
☐ Rep. David Bennett	☐ Diane Gallagher	☐ Donna Policastro, NP, RCN
☐ Virginia Burke, Esq.	☐ Deidre Gifford, MD, MPH	☐ Louis Pugliese
☐ Tracey Cohen, MD	☐ Linda McDonald, RN	☐ Gina Rocha, RN, MPH
☐ Bradley Collins, MD	☐ Jim Nyberg	

Agenda

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

- Welcome and meeting objectives
- Review the previous meeting's action items:
  - Invite state senate representative (Dr. Fine/Sam)
  - Provide orientation to new committee members (Sam/Rosa)
  - Provide primary data collection reports' response rates (Rosa)

3:10pm **Fiscal Year 2013 in Review**
Rosa Baier, MPH, Facilitator
Samara Viner-Brown, MS, Facilitator

- Review legislative mandate
- Annual Report (handout)
- Discussion of previous recommendations (4/16/12 Advisory Letter):
  - What were the Committee's recommendations?
  - What have we accomplished?
  - What have we learned?
- Committee direction re: FY 2014:
  - Discussion/input regarding priorities
  - Advisory Letter

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

- Open Forum:
  - AHRQ Public Reporting Grant (Rosa/Emily)
  - HEALTH website development (Rosa/Emily)
- Action items
- **Next meeting**: 09/23/13

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.