

# 2013 Hospital Measures

**Vicki Olson, RN, MS**

**Statewide Quality Reporting and  
Measurement System (SQRMS) Public  
Forum**

**June 27, 2012**



# Stratis Health

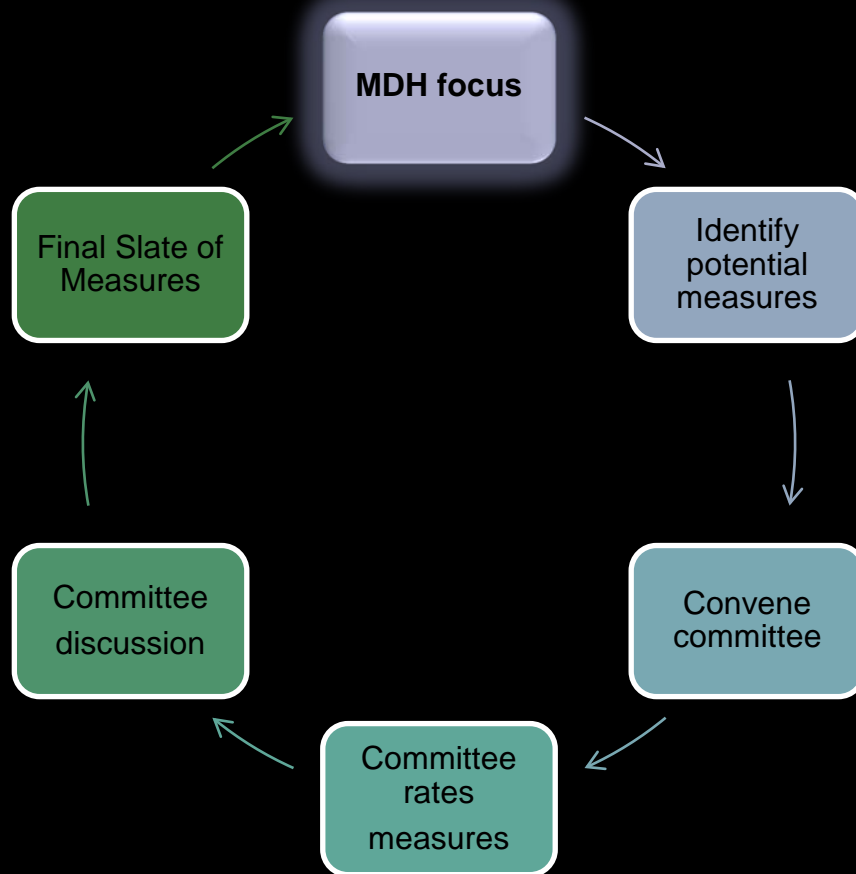
- Organizational Program areas
  - Health disparities
  - Health information technology
  - Rural health
  - Quality Improvement Organization

# Objectives

- Review the process used for measurement recommendations
- Describe focus and recommendations for 2013 measures

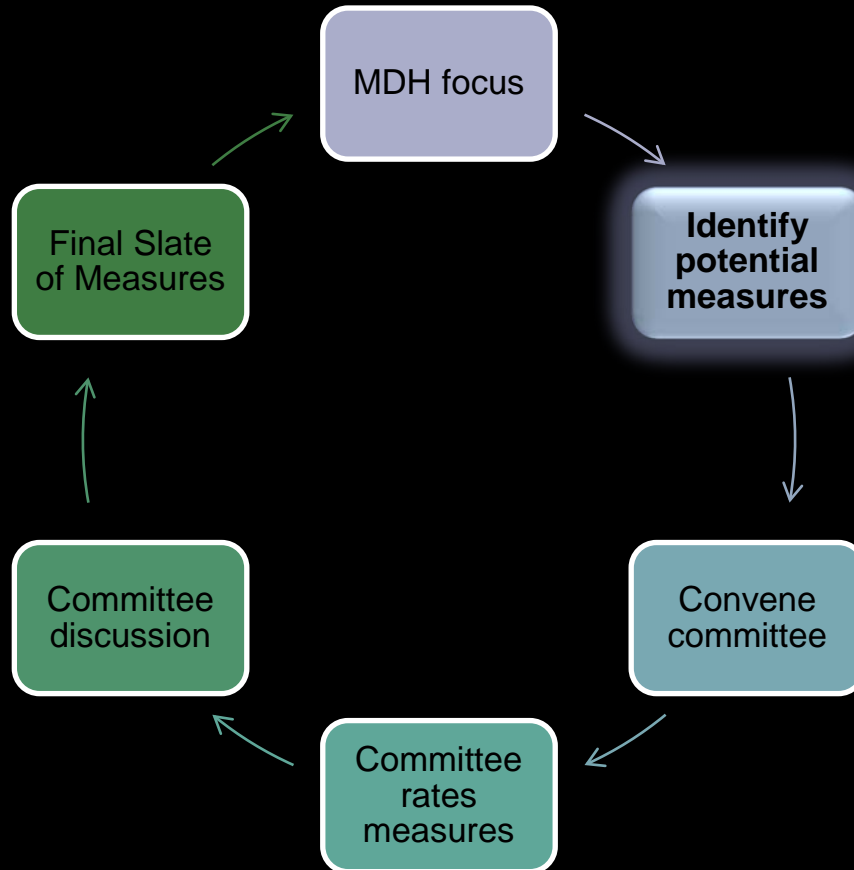
# 2013 Hospital Measures Recommendation Process

# Recommendations Process



- Hold on any new measures
- Review existing measures for alignment with other required measures
- Update the list of future measures to be considered
- Provide recommendations regarding timing of data collection and data submission for new measures

# Recommendations Process

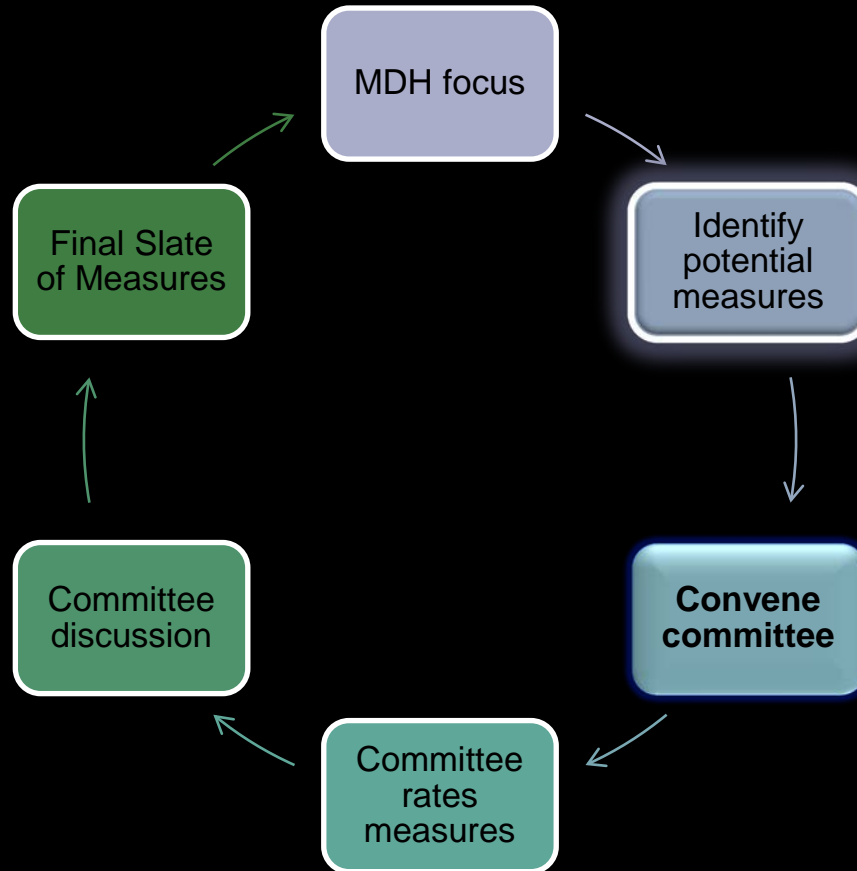


Hold on any new measures

*Measures identified last year*

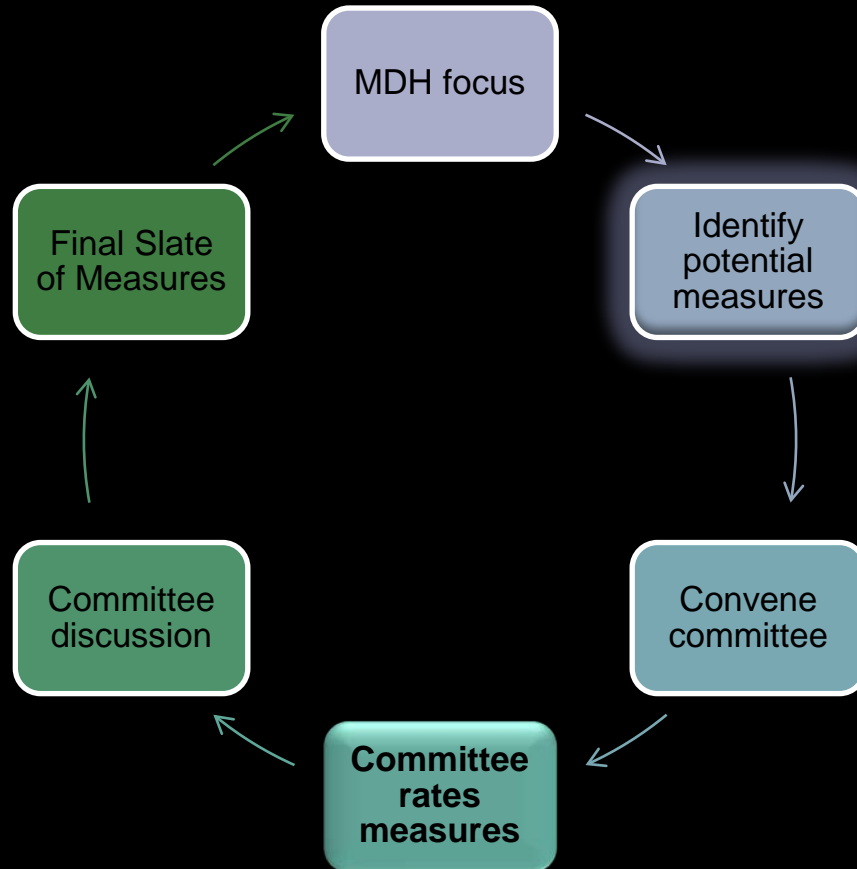
- CMS
- AHRQ
- IHI
- MBQIP

# Recommendations Process



- Consumer
- Employer
- Health plan
- MD
- Nursing operations
- Rural
- Added PPS hospital representation

# Recommendations Process

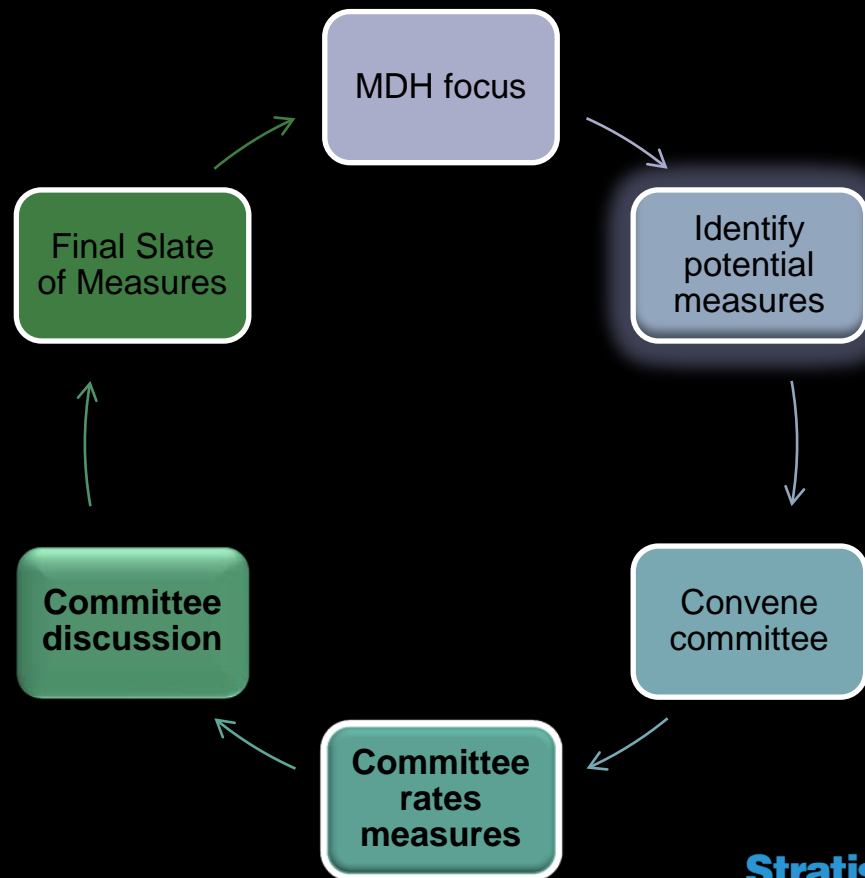


1. Process for bringing on new measures  
*New measures in August*  
*Educate prior to final rule*
2. Measures that should be modified or retired  
*Value of asthma to CAH ?*
3. Potential future measures  
*If not CMS, additional burden*  
*Like comparison data with MBQIP*  
*Please align with Hospital Engagement Network (HEN)*



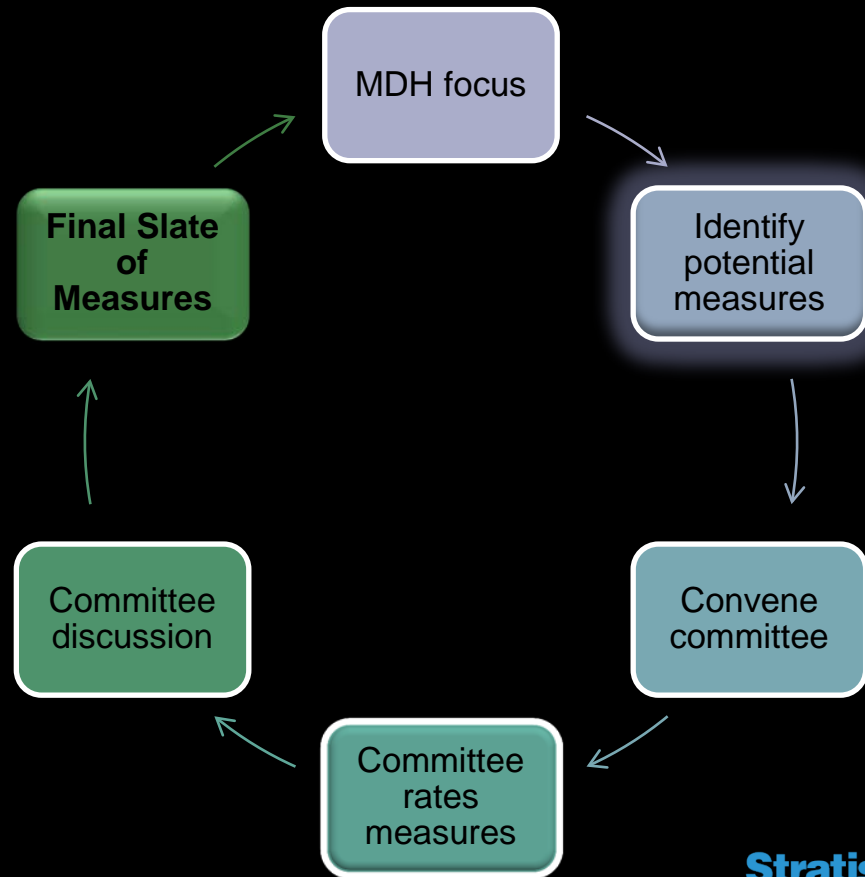
# Recommendations Process

- Continue two stroke measures with updated specs
- OK to have different measures for CAH & PPS hospitals
- Focus on outcomes measures
- Incent systems thinking – want to look across all settings



# Recommendations Process

Hold on any new measures



# 2013 Hospital Measures Recommendations

# New Measures

- Hold on new measures

# Current Measures

## Stroke measures

- Continue stroke measures for one more year and assess results/value compared to new CMS stroke measures
- Revises specifications to clarify exclusions and definition of timeframe for initial examination

# Current measure alignment with CMS

- Criteria for retiring a measure – if “topped out” nationally would be difficult to justify keeping in SQRMS
- Criteria
  - Based on hospital volume, services provided and risk level of the condition
  - Evaluate each measure separately
  - Be sensitive to number of data elements
  - Be systems-focused, outcomes-based

# Alignment to CMS measures

## Recommendations:

- Consider a variance process to the rules to stay in sync with CMS changes made after SQRMS recommendations
- Evaluate each new/revised CMS measure and incorporate into SQRMS on a case-by-case basis

# Alignment to CMS measures

## Recommendations(continued):

- Develop CMS measure inclusion criteria that reinforce a systems-focused, outcomes based philosophy



# HCAHPS

- Part of Medicare Beneficiary Quality Improvement Program (MBQIP) for CAH
- Currently hospitals that have < 500 admissions in prior year are excluded from this survey as part of SQRMS
- Should we expand to more hospitals?

# HCAHPS

## Recommendations:

- Maintain current requirement of  $\geq 500$  admissions in prior year

# ED Transfer Communication

## Summary Measure

- Administrative Communication (NQF 0291)
- Vital signs (NQF 0292)
- Medication information (NQF 0293)
- Patient information (NQF 0294)
- Physician information (NQF 0295)
- Nursing information (NQF 0296)
- Procedures and tests (NQF 0297)

# ED Transfer Communication measures

- NQF endorsed
- Included in phase 3 of MBQIP
- Since it has not been widely implemented, there were learnings
  - what needed to be defined or clarified for the specifications

# ED Transfer Communication measures

## Recommendation:

- Develop an advisory group to provide clinical and operational guidance on measure specifications and recommendations for sampling and/or measure domains

# Future measures

- Discussed
  - HCAHPS
  - Readmissions
  - Need for evaluating cost as part of value equation

# Future measures

## Recommendation:

- Understand impact of diverse populations and their needs on HCAHPS survey process and identify mechanisms to address those barriers
- Use the provider peer grouping committee to further discuss readmissions

# Future measures

## Recommendation:

- Incorporate cost and value components into future measure consideration.
- Review the data and current measures to ensure alignment with driving change to patient-centered outcomes, total system change and total cost of care.



# Timing of New Measures

- Year is defined by data submission so that can drive retrospective data collection for new measures
- Possible solutions
  - Start new measures in August so data collection begins in January
  - Educate hospitals before July 1<sup>st</sup> (3<sup>rd</sup> qtr) of the prior year

# Timing of New Measures

## Recommendation:

- Start new measures in SQRMS with an August submission date so that data collection would start with January discharges
- Send out measure education with the comment period to allow hospitals to prepare for January data collection

# Additional Resources

- Specifications Manual for National Hospital Inpatient Quality Measures

[www.qualitynet.org](http://www.qualitynet.org)

- National Quality Forum

[www.qualityforum.org](http://www.qualityforum.org)

# Other Ideas for Discussion

# Other issues for discussion

- How do we look at all reporting required for hospitals to get a handle on data burden and how to streamline reporting?
- Do we have the right measures in place to ensure that we are measuring and driving toward quality outcomes?

# Other issues for discussion

- Can we develop proposed measures 2-3 years in the future such as CMS does?
- What role does the National Health Safety Network (NHSN) have in reporting for CAH in Minnesota?

# Other issues for discussion

- Who/how do we develop & test new measures?

# Questions?

**Vicki Olson, Program Manager**

952-853-8554 or 877-787-2847

[volson@stratishealth.org](mailto:volson@stratishealth.org)

[www.stratishealth.org](http://www.stratishealth.org)





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