

Measuring Quality at Hospitals

*Bruce Spurlock, MD, Hospital Quality Measures Subject Matter Expert,
HCAI Consultant*

*Natalie Graves, MPH, Hospital Quality Measures Subject Matter
Expert, HCAI Consultant*

Objectives

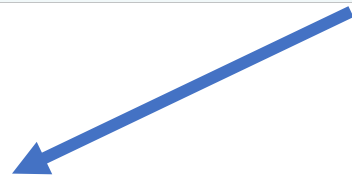
- Provide an overview of hospital quality measurement and reporting programs.
- Describe common domains for measuring health care quality, with an emphasis on the most relevant for spurring action to decrease health and health care disparities and inequities.
- Review the health equity measures in the Fiscal Year (FY) 2023 Inpatient Prospective Payment System (IPPS) proposed rule as an indicator of federal priorities related to health equity measurement.

While all changes do not lead to improvement, all improvement requires change.

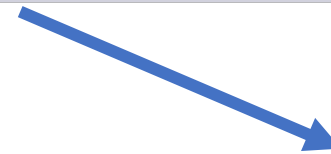
» *Thomas Nolan, The Improvement Guide*

Why Measure?

How else will you know that the change(s) you made resulted in improvement?

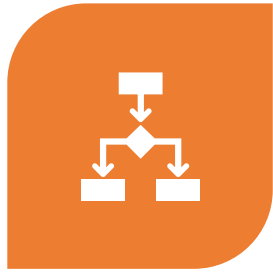


Precision Low, Speed Fast

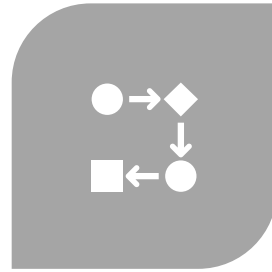


Precision High, Speed Slow

Types of Measures



OUTCOME



PROCESS



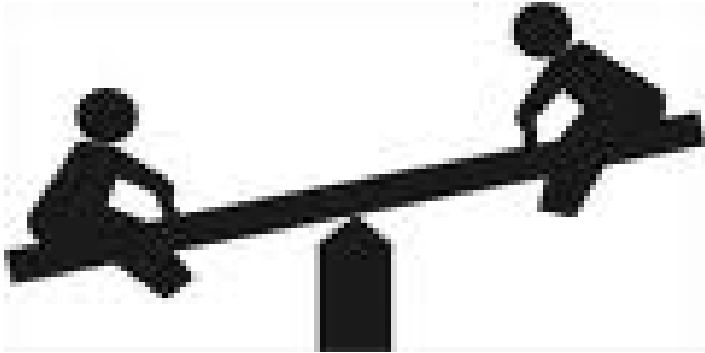
STRUCTURE



BALANCE

Process Measures

Outcome Measure

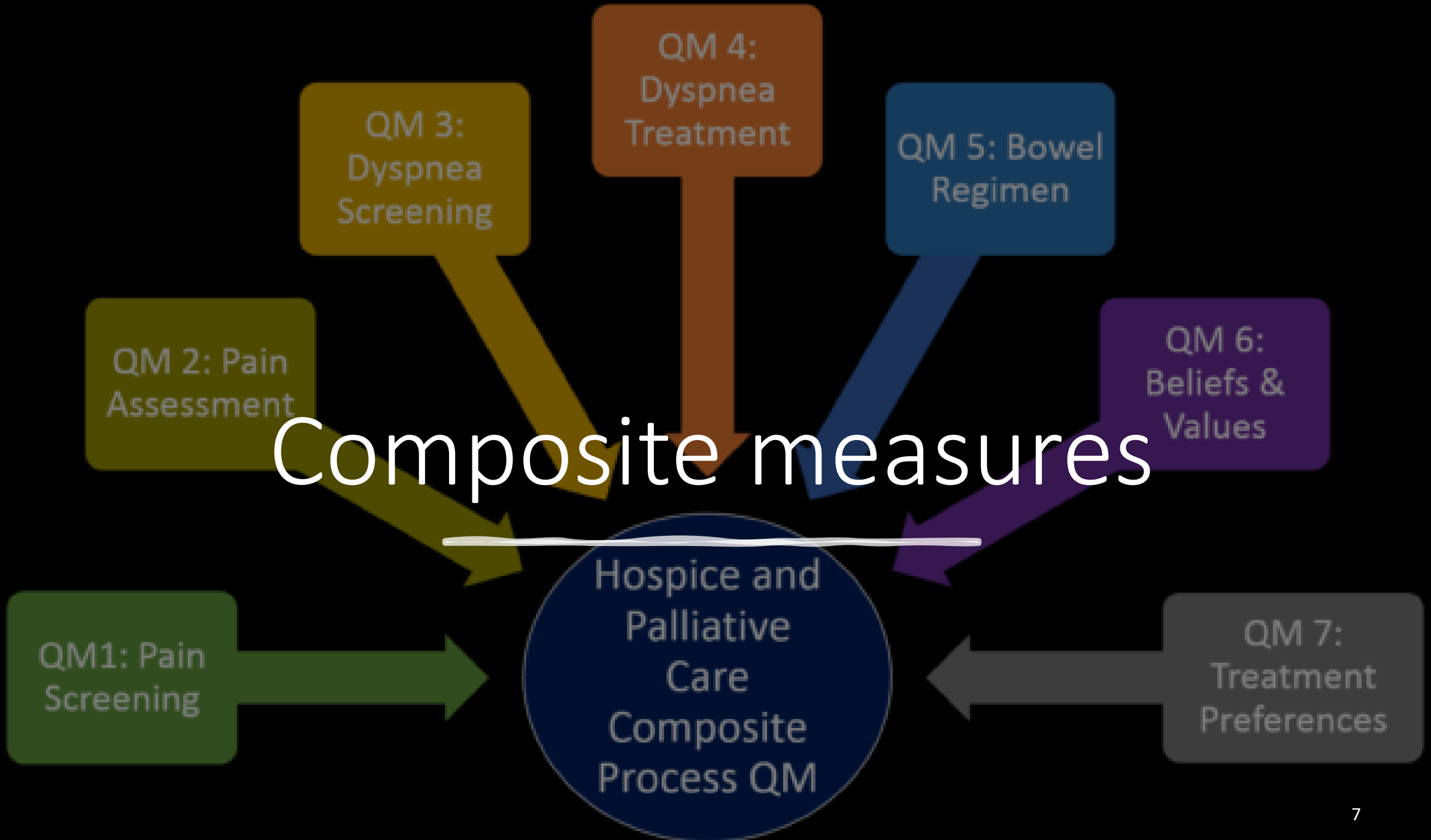


Balance Measures

=

Unintended Negative Results

Composite measures



Why Collect and Report Quality Data?

Informs public reporting and consumer decision-making

Impacts payment

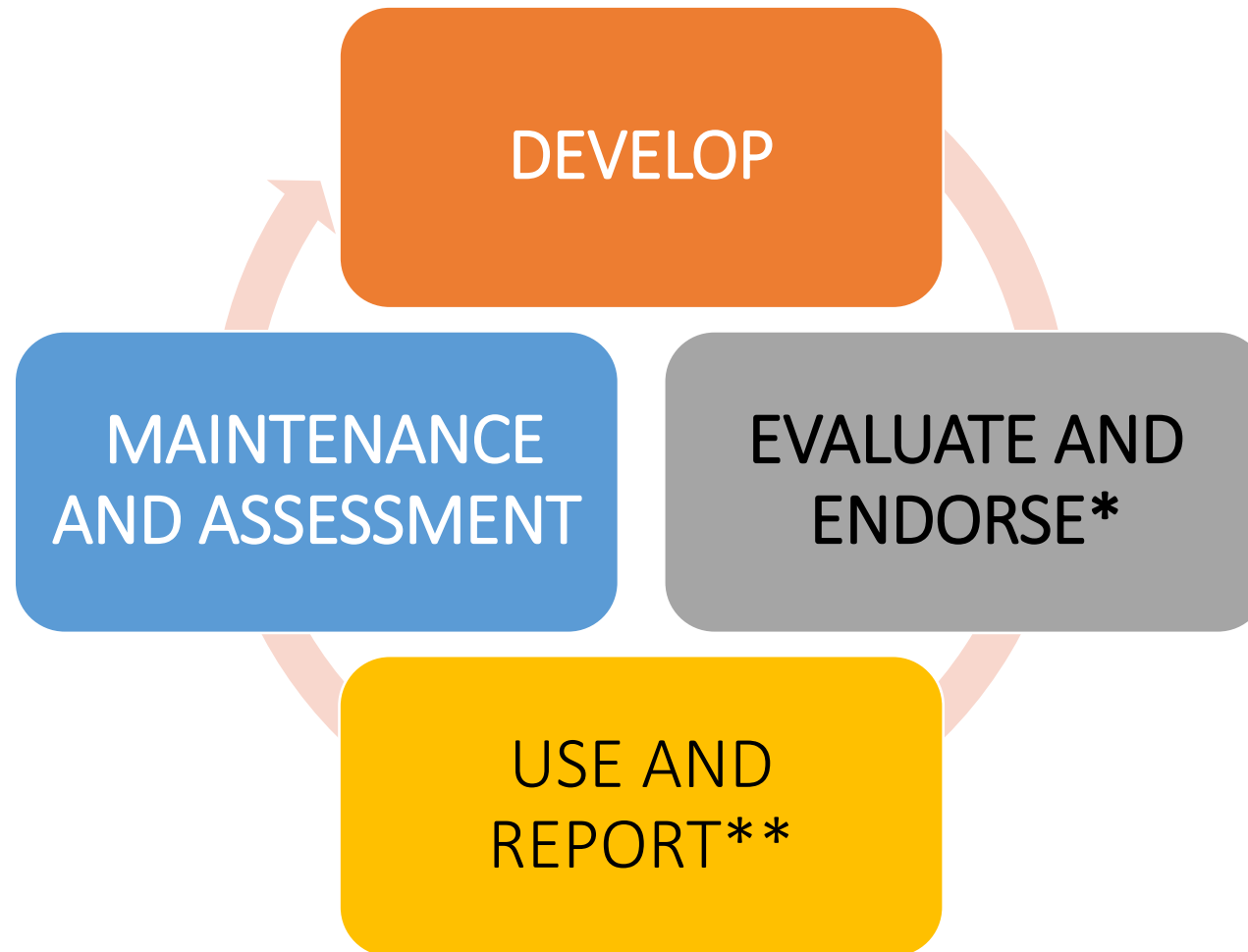
Enables epidemiological surveillance

Supports accreditation and certification

Influences network participation

Facilitates benchmarking and internal quality improvement efforts

The Journey from Measure Creation to Use



*For more on the National Quality Forum endorsement process, visit: [NQF's evaluation criteria](#)

** For more on how to choose health care quality measures, visit: <https://www.ahrq.gov/talkingquality/measures/measure-questions.html>

The Anatomy of a QI Measure

Numerators:

- Events or Binary (Y/N)

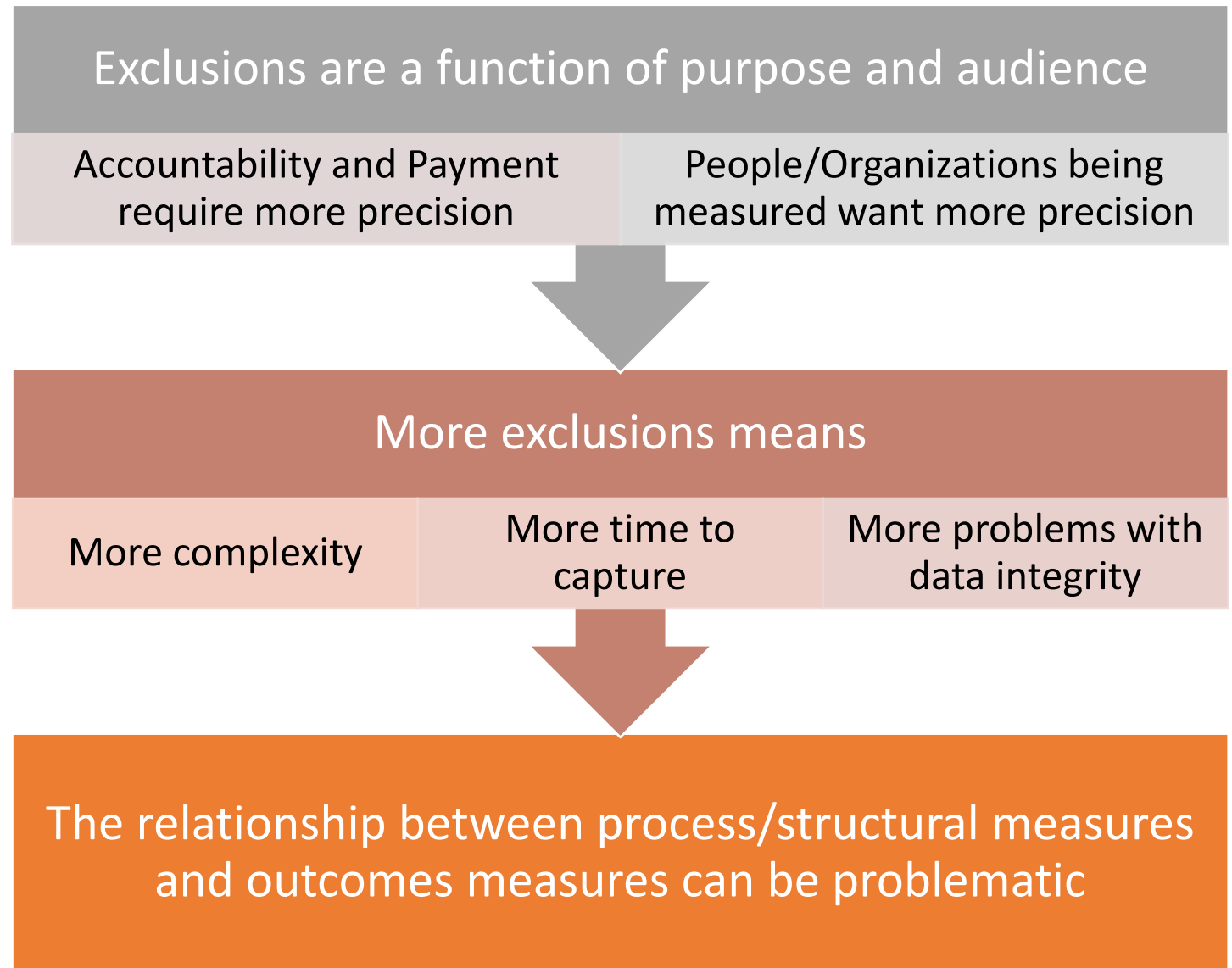
Denominators

- Days, Doses, Eligible Population

Exclusions

- Example #1: Should transfers be included?
- Example #2: Remove patients/population where treatment contraindicated

Implications





Risk-adjustment

- We just got complicated
- My patients are sicker
 - Mostly uses patient characteristics, but not always
- Requires statistical modeling, usually with a reference group
- Looking backward (calibration) to look forward (prediction)
 - Almost always with outcome measures

Risk-adjustment examples

SIR – the Standardized Infection Ratio

Risk-adjusted Mortality Ratio

Medicare Advantage payment
adjustments

Can we risk-adjust for social
determinants?

The Ecology of Public Reporting – Part 1



Patient
Level

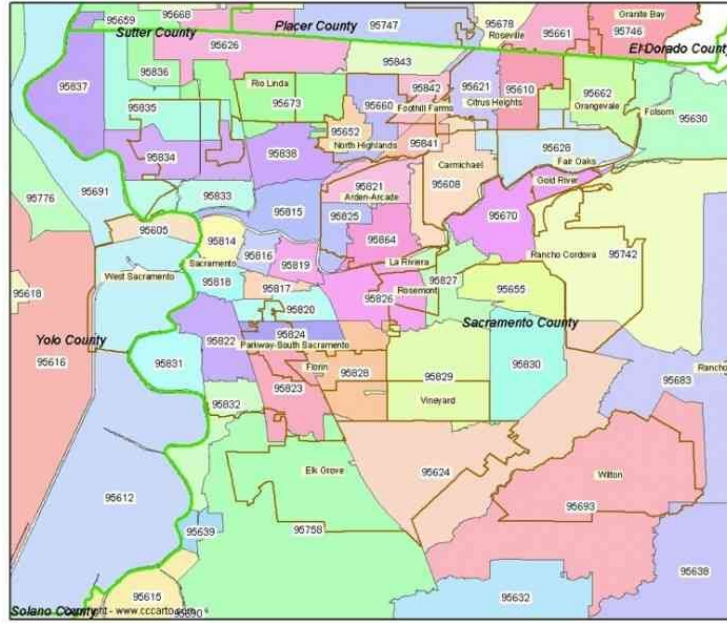


Hospital Level

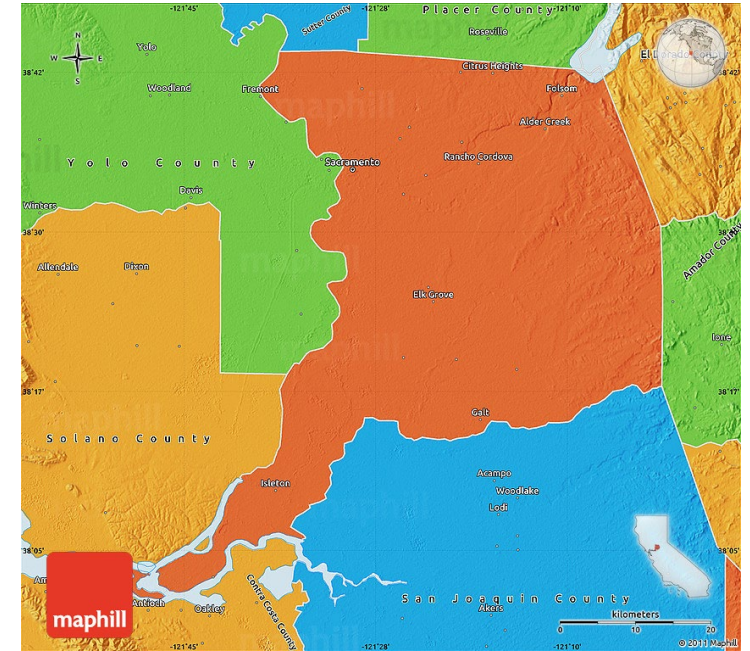
Census Tract



ZIP Code



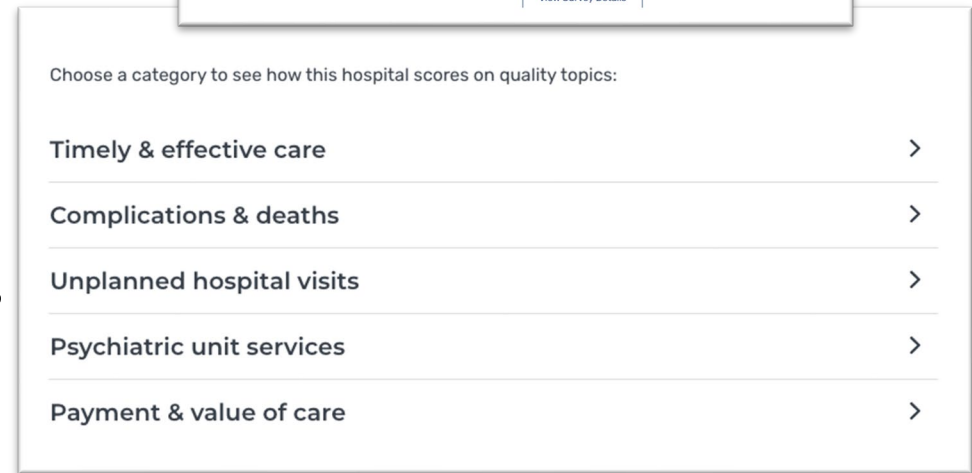
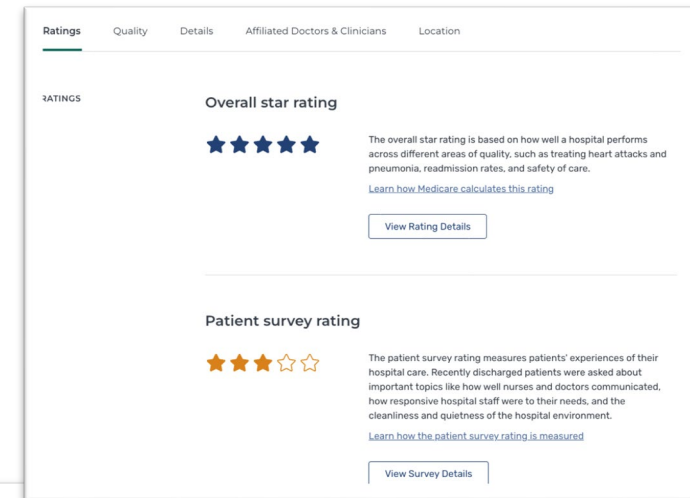
County Level



The Ecology of Public Reporting – Part 2

Hospital Measure Reporters – Part 1, CMS Care Compare

- Data sources:
 - Medicare fee-for-service (FFS) claims
 - Hospital data submission
- Inputs:
 - Agency for Healthcare Research and Quality (AHRQ) Quality Indicators
 - Hospital Inpatient Quality Programs
 - Hospital Outpatient Quality Reporting Program
 - National Healthcare Surveillance Network
 - Hospital Consumer Assessment of Providers and Systems (HCAHPS)



Hospital Measure Reporters – Part 2, HCAI

- Data from HCAI website –
 - [Health care quality](#)
 - Hospitalizations for severe sepsis
 - Coronary artery bypass graft outcomes
 - Elective percutaneous coronary intervention reports
 - AHRQ quality indicators
 - Volume of cancer surgeries
 - Mortality following hip fracture repair reports
 - Transcatheter aortic valve replacement
 - [Health care utilization](#)
 - Inpatient discharges
 - Emergency department encounters
 - Ambulatory surgery encounters
 - [Inpatient hospitalizations and ED visits for patients with a behavioral health diagnosis](#)
 - [Health care workforce](#)
 - Cost transparency



Hospital Measure Reporters – Part 3, Cal Hospital Compare

- Neutral, not-for-profit corporation governed by a multi-stakeholder board of directors
 - One-stop shop for hospital reports
 - Sophisticated 5 level scoring system
 - Data updated quarterly, semi—annual, or annual depending on source

Data Sources

- Hospital-reported
- Medicare FFS claims
- Surveys (e.g., HCAHPS)

Inputs

- Centers for Medicare and Medicaid Services
- California Department of Public Health
- California Maternal Quality Care Collaborative
- Department of Health Care Access and Information

Focus Areas

- Patient experience
- Patient safety and hospital-acquired infections
- Mother and baby
- Hip and knee
- Cancer surgery
- Emergency department care
- Heart and lung conditions
- Stroke
- Surgery and other condition

WHY YOU CAN TRUST OUR RATINGS

At Cal Hospital Compare, we start with data from multiple sources and engage health care experts to ensure our ratings are more meaningful for you.



Multiple sources of public data



In-depth analysis, measurement & scoring



Accurate, reliable & relevant ratings

Some Hospitals Are Better Than Others

Cal Hospital Compare rates hospitals in California on clinical quality, patient experience, and patient safety. See how the hospitals near you rate!



SUPERIOR

Hospital performed well above average



ABOVE AVERAGE

Hospital performed better than average



AVERAGE

Hospital performed within the average



BELOW AVERAGE

Hospital performed worse than average



POOR

Hospital performed well below average



Hospital Quality Varies Widely



Cal Hospital Compare helps you find quality ratings for hospitals near you. The site is not affiliated with any health facility or agency, and it's free to use!

[About Us >>](#)

Why Hospital Ratings Matter



Our ratings provide you with a clear view of how hospitals are performing and who's doing the best job. Learn how you and your family can get the care you deserve.

[Hospitals >>](#)

Featured Findings from Our Data



The experiences of mothers in California hospitals - small or large, urban or rural - can vary dramatically. See how two women had very different experiences.

[Read Article >>](#)

Overview SAVE & COMPARE HOSPITAL

Palomar Medical Center - Poway- Pomerado Hospital

15615 Pomerado Rd.
Poway, CA 92064 (858) 613-4000

Patient Experience

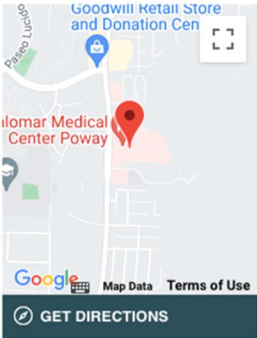
Mother & Baby
See ratings on health care quality in hospitals, why quality matters to you, and how you can help get the care you need and deserve.

Hip & Knee [Read More](#)

Patient Safety

Healthcare Acquired Infections (HAIs)

Cancer Surgery



Discount Price Policy





Visit Website

Tools & Resources: Hospitals

- About the Ratings & Data Sources: Hospitals
- Why Quality Matters
- Choosing a Hospital
- Your Hospital Stay

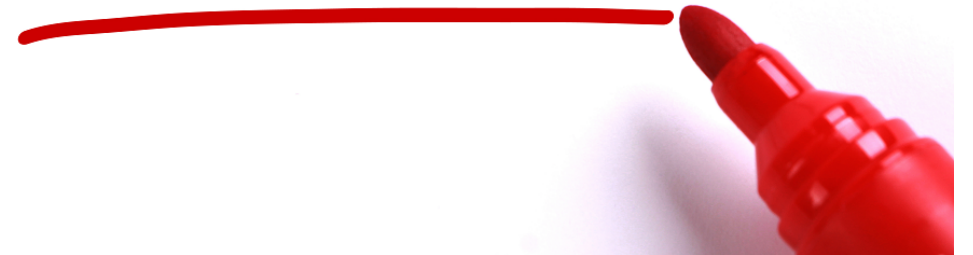
Patient Safety Honor Roll

Mother and Baby ?

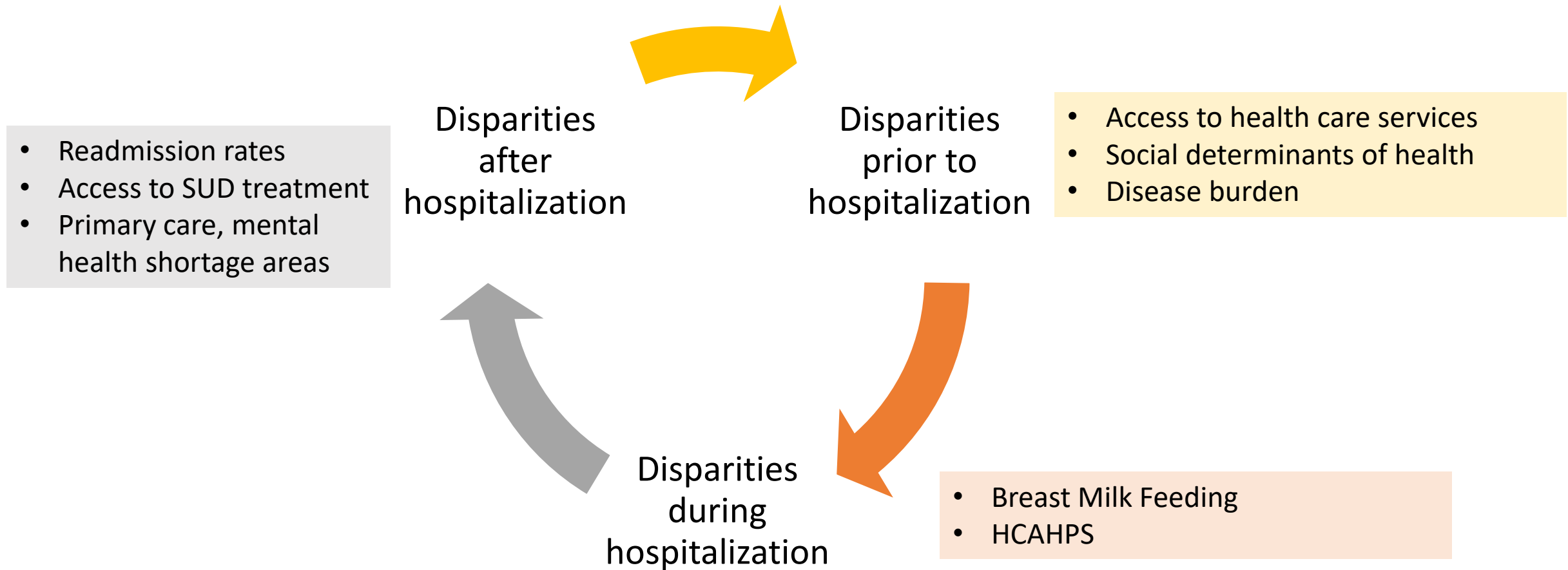
	Current	State Average ▼
Cesarean Birth Rate (NTSV)	 AVERAGE 26.7% (lower is better)	23.4% (lower is better)
Breastfeeding Rate (CDPH)	 ABOVE AVERAGE 82.8%	69.3%
Episiotomy Rate	 SUPERIOR 0.4% (lower is better)	3.7% (lower is better)
VBAC Routinely Available	Yes	NA
VBAC Rate	 AVERAGE 17.1%	16.2%
Deliveries by Certified Nurse Midwives	0%	13%

- Simply publicly reporting data leads to modest, slow improvement over time
- Financial incentives or mandates have limited impact
- Recognition programs generate some action
- “Shoppable” conditions are more amenable to action
- Rapid and meaningful improvement requires multi-faceted, multi-stakeholder programs (e.g., low-risk C-section rates)
- Coordinating stakeholders around targeted, meaningful, achievable goals starting to gain traction

LESSONS
LEARNED



Where Do Disparities Currently Exist?





Aligning with Federal Health Equity Priorities

Updates on the FY 2022 IPPS Rule

Aligning with Federal Health Equity Priorities

FY2023 IPPS Proposed Rule

Measure name	Measure details	Reporting timeline
Hospital Commitment to Equity	Assesses a hospital's commitment to establishing a culture of equity and delivering more equitable health care by capturing concrete activities across five domains: strategic planning, data collection, data analysis, quality improvement, and leadership engagement	CY 2023 reporting FY 2025 payment determination
Screening for Social Drivers of Health	Capture screening and identification of patient-level, health-related social needs – such as food insecurity, housing instability, transportation needs, utility difficulties and interpersonal safety.	CY 2023 voluntary reporting CY 2024 mandatory reporting FY 2026 payment determination
Screen Positive Rate for Social Drivers of Health	Percent of patients who screen positive for at least one social driver of health	CY 2023 voluntary reporting CY 2024 mandatory reporting FY 2026 payment determination
Global Malnutrition Composite Score eCQM	Average of performance scores for 4 components eQMs – malnutrition screening, nutrition assessment, appropriate malnutrition diagnosis documentation, nutrition care plan documentation in the medical record	CY 2024 reporting period FY 2026 payment determination

Other Topics Under Exploration by CMS

FY2023 IPPS Proposed Rule, continued

- Establishment of a publicly-reported hospital designation on maternity care
- Seeking input on principles for measuring health care quality disparities across CMS quality programs (e.g., Hospital Readmissions Reduction Program, Hospital-Acquired Condition Reduction Program)
- Seeking input on social determinants of health related to homelessness
- Soliciting public comment on social determinants of health diagnosis codes (z-codes)