

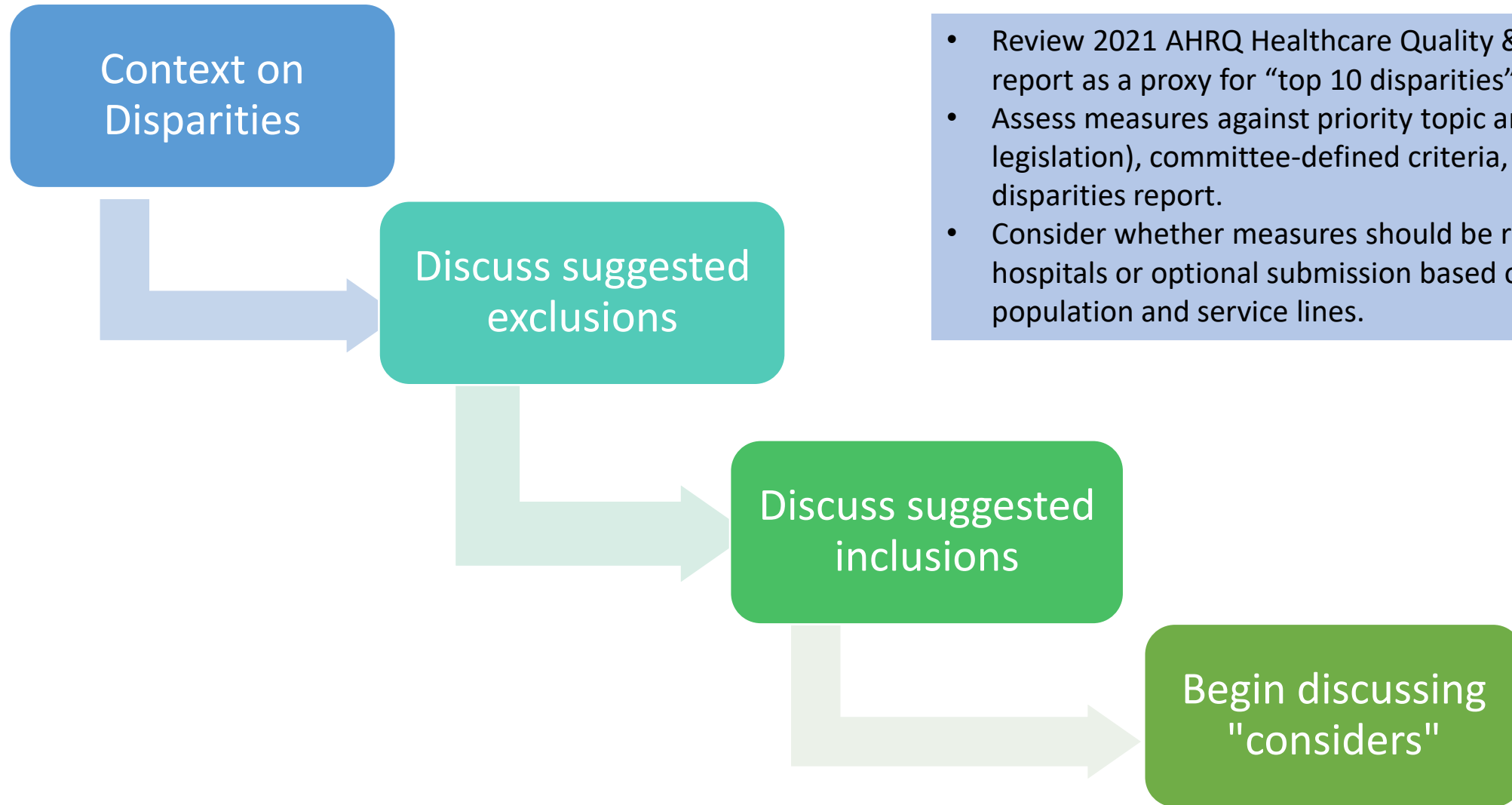
Measure Selection Discussion

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Today's Goals

1. Gain consensus on measures to definitively *exclude* and *include*, to be finalized via consent calendar during October meeting. No final decisions today.
2. Refine list of measures for additional *consideration*. Begin reviewing these measures, with an expectation to finalize recommendations in October meeting.

Today's Roadmap



- Review 2021 AHRQ Healthcare Quality & Disparities report as a proxy for “top 10 disparities” in hospital care.
- Assess measures against priority topic areas (from legislation), committee-defined criteria, and data from disparities report.
- Consider whether measures should be required for all hospitals or optional submission based on patient population and service lines.

Research on Disparities in Hospital Measures

Disparities in Hospital Care

Measure	Priority Area	Source	Measure	Exclude or Consider?	Reason for exclusion	White	Blac	Asian	NHPI	AIAN	Multipl Races	Hispanic, All Races (Vs Non-Hispanic Whites)	Negative/Poor vs. High Income	Near Poor/Low vs High Income	Middle Income vs High Income	Publicly Insured (Vs Privately Insured)	Uninsured (Vs Private Insurance)	Large Central Metro Vs Large Fringe Metro	Medium Metro Vs Large Fringe Metro	Small Metro V Large Fringe Metro	Micropolitan vs. Large Fringe Metro	Noncore vs Large fringe metro	Total "Worse" Compared to Reference Group
Postoperative respiratory failure per 1,000 elective surgical hospital discharges, adults	Patient safety	HCUP	PSI-11	Exclude	low rate	Reference	Worse	Same	--	--	--	Worse	Worse	Worse	Worse	Worse	Worse	Same	Same	Same	Worse	Worse	9
Deaths pr 1,000 hospital admissions with coronary artery bypass surgery, adults age 40 and over	Effectiveness of care	HCUP	QI-12	Exclude	low rate	Reference	Same	Same	--	--	--	Same	Worse	Worse	Worse	Same	Worse	Same	Worse	Worse	Worse	Worse	8
Sepsis diagnoses per 1,000 elective -surgery admissions of length 4 or more days, adults	Patient safety	HCUP	PSI-13	Exclude	low rate	Reference	Worse	Worse	--	--	--	Worse	Worse	Worse	Same	Worse	Same	Worse	Same	Same	Same	Same	7
Reclosure of postoperative abdominal wound dehiscence per 1,000 abdominopelvic -surgery admissions of length 2 or more days, adults	Patient safety	HCUP	PSI-14	Exclude	low rate	Reference	Same	--	--	--	--	Same	Worse	Same	Same	Worse	Same	Worse	Worse	Same	Worse	Worse	6
Deaths pr 1,000 hospital admissions with expected low -mortality	Patient safety	HCUP	PSI-02	Consider		Reference	Same	Same	--	--	--	Better	Worse	Worse	Worse	Same	Same	Same	Worse	Same	Worse	Worse	6
Deaths pr 1,000 hospital admissions with percutaneous coronary intervention, age 40 and over	Effectiveness of care	HCUP	IQI-30	Exclude	low rate	Reference	Same	Worse	--	--	--	Same	Same	Same	Same	Same	Worse	Same	Worse	Worse	Same	Worse	5
Deaths pr 1,000 elective -surgery admissions having developed specific complications of care during hospitalization, adults ages 18 -89 or obstetric admissions	Patient safety	HCUP	PSI-04	Consider		Reference	Same	Same	--	--	--	Same	Worse	Same	Same	Same	Worse	Same	Same	Worse	Worse	Same	4
Adult hospital patients who did not receive good communication about discharge information	Care coordination	HCAHP	HCAHPS	Consider		Reference	Worse	Worse	Same	Worse	Worse	--	--	--	--	--	--	--	--	--	--	--	4
Adult hospital patients who strongly disagree or disagree that staff took their preferences and those of their family and caregiver into account when deciding what the patient's discharge health care would be	Care coordination	HCAHP	HCAHPS	Consider		Reference	Worse	Better	Worse	Worse	Worse	--	--	--	--	--	--	--	--	--	--	--	4
Deaths pr 1,000 adult hospital admissions with pneumonia	Effectiveness of care	HCUP	IQI-20	Consider		Reference	Same	Worse	--	--	--	Same	Worse	Same	Same	Better	Better	Same	Same	Same	Worse	Worse	4
Perioperative hemorrhage or hematoma with surgical drainage or evacuation per 1,000 surgical admissions, age 18 and over	Patient safety	HCUP	PSI-09	Exclude	low rate	Reference	Worse	Worse	--	--	--	Same	Same	Same	Same	Worse	Better	Same	Same	Same	Same	Same	3
Postoperative acute kidney injury requiring dialysis per 1,000 elective -surgery admission, age 18 and over	Patient safety	HCUP	PSI-10	Exclude	low rate	Reference	Worse	Same	--	--	--	Same	Worse	Same	Same	Worse	Same	Same	Same	Same	Same	Same	3
Accidental puncture or laceration during procedure per 1,000 medical and surgical admissions, adults	Patient safety	HCUP	PSI-15	Exclude	low rate	Reference	Worse	Same	--	--	--	Same	Same	Same	Same	Worse	Same	Same	Same	Same	Same	Same	2
Postoperative pulmonary embolism or deep vein thrombosis per 1,000 surgical hospital discharges, adults	Patient safety	HCUP	PSI-12	Consider		Reference	Worse	Better	--	--	--	Same	Same	Same	Same	Worse	Same	Same	Same	Same	Same	Better	2
Deaths pr 1,000 adult hospital admissions with heart failure	Effectiveness of care	HCUP	IQI-16	Consider		Reference	Better	Same	--	--	--	Better	Same	Same	Same	Better	Better	Same	Same	Same	Worse	Worse	2
Deaths pr 1,000 adult hospital admissions with acute myocardial infarction (AMI)	Effectiveness of care	HCUP	IQI-15	Consider		Reference	Better	Same	--	--	--	Same	Same	Same	Same	Same	Worse	Same	Same	Same	Same	Worse	2
Post-operative hip fracture per 1,000 surgical admissions who were not susceptible to falling, adults	Patient safety	HCUP	N/A (not PSI-08)	Exclude	data not available	Reference	Same	Same	--	--	--	Same	Same	Same	Same	Worse	Same	Same	Same	Same	Same	Same	1
Hospital patients who received a hypoglycemic agent who had an adverse drug event with hypoglycemic agents	Patient safety	HCUP	N/A	Exclude	data not available	Reference	Worse	--	--	--	--	Same	--	--	--	--	--	--	--	--	--	--	1
Deaths pr 1,000 adult hospital admissions with abdominal aortic aneurysm repair	Effectiveness of care	HCUP	QI-11	Exclude	low rate	Reference	Same	Same	--	--	--	Better	Same	Same	Same	Same	Same	Same	Same	Same	Same	Worse	1
Birth trauma - injury to neonate per 1,000 selected live births	Patient safety	HCUP	N/A	Exclude	data not available	Reference	Better	Same	--	--	--	Better	Same	Same	Same	Same	Same	Same	Same	Better	Same	Same	0
Adults age 65 and over who received in the calendar year at least 1 of 33 potentially inappropriate prescription medications for older adults	Patient safety	MEPS	N/A	Exclude	data not available	Reference	Same	Better	--	--	--	Better	Same	Same	Same	--	--	Better	Same	Same	Same	Same	0
Accidental puncture or laceration during procedure per 1,000 medical and surgical admissions, children	Patient safety	HCUP	POI	Exclude	pediatric	Reference	Same	Same	--	--	--	Same	Same	Same	Same	Same	Same	Same	Same	Same	Same	Same	0
Hospital admissions with iatrogenic pneumothorax per 1,000 medical and surgical admissions, adults	Patient safety	HCUP	PSI-06	Exclude	low rate	Reference	Same	Same	--	--	--	Same	Same	Same	Same	Same	Same	Same	Same	Same	Same	Same	0
Hospital admissions with central venous catheter -related bloodstream infection per 1,000 medical and surgical discharges of length 2 or more days, adults age 18 and over or obstetric admissions	Patient safety	HCUP	PSI-07	Exclude	low rate	Reference	Same	Same	--	--	--	Same	Same	Same	Same	Same	Same	Same	Same	Same	Same	Same	0
Adult hospital patients who sometimes or never had good communication about medications they received in the hospital	Person-centered care	HCAHP	HCAHPS	Consider		Reference	Better	Same	Better	Better	Same	--	--	--	--	--	--	--	--	--	--	--	0

Source: 2021 AHRQ Healthcare Quality and Disparities Report. See attached spreadsheet for detail.

Disparities Analysis: Key Takeaways

- 25 measures are applicable to hospitals
- Analysis available by race/ethnicity, income, insurance status, and geography
 - Measures are not available for all categories, depending on data source
 - Disparities are not uniform across all categories
- Some measures have more categories of disparities
- Additional detail on rates and Z scores available in the source document:
<https://www.ahrq.gov/research/findings/nhqrdr/nhqdr21/index.html>

Additional Considerations

- Some measures have very few numerators... the implication is that ***stratifying by a category may not be useful*** (i.e., few cases in each category)
- Most measures are calculated at the aggregate level using AHRQ software... the implication is that ***hospitals would need to categorize individual patients with specific health-related social needs and aggregate them*** (i.e., requires sophisticated data analytic capabilities)
- HCAHPS measures are done by vendor... the implication is that ***over sampling with specific health-related social needs required by vendor***
- Some measures may be ***more actionable*** than others (e.g., post-operative respiratory failure vs. acute stroke mortality)

Measure	Total "Worse" Compared to Reference Group
Postoperative respiratory failure per 1,000 elective surgical hospital discharges, adults	9
Deaths per 1,000 hospital admissions with coronary artery bypass surgery, adults age 40 and over	8
Sepsis diagnoses per 1,000 elective-surgery admissions of length 4 or more days, adults	7
Reclosure of postoperative abdominal wound dehiscence per 1,000 abdominopelvic-surgery admissions of length 2 or more days, adults	6
Deaths per 1,000 hospital admissions with expected low-mortality	6
Deaths per 1,000 hospital admissions with percutaneous coronary intervention, age 40 and over	5
Deaths per 1,000 elective-surgery admissions having developed specific complications of care during hospitalization, adults ages 18-89 or obstetric admissions	4
Adult hospital patients who did not receive good communication about discharge	4
Adult hospital patients who strongly disagree or disagree that staff took their preferences and those of their family and caregiver into account when deciding what the patient's discharge health care would be	4
Deaths per 1,000 adult hospital admissions with pneumonia	4
Perioperative hemorrhage or hematoma with surgical drainage or evacuation per 1,000 surgical admissions, age 18 and over	3
Postoperative acute kidney injury requiring dialysis per 1,000 elective-surgery admissions, age 18 and over	3

Identifying Useful Existing Measures

Sample Output of the Measure Selection Process

Required for All Hospitals	Individual – To Be Reported as Applicable
1. [Example] Readmissions	1. Ex. Cesarean birth rate (NTSV)
2.	2.
3.	3.
4.	4.

Items for Consideration

- Consider 3-5 common measures for all (or most) and 3-5 individual priorities for their communities.
- For the individual measures, consider 12-15 measure options from which to select
- Hospital waivers for common measures where services aren't provided – e.g., non-birthing hospitals
- Hospital waivers for individual measures where a special circumstance goes outside 12-15 measure options

Existing Measures Table – Reasons for Exclusion All Hospitals

- Poor correlation with hospital HPI score
- Low frequency (can't stratify)
- Low rate (bottomed out)
- High rate (topped out)
- Not a quality/patient centered measure
 - Preference measure
- Not broadly applicable (only subset of hospitals)
- Outpatient measure
- Measure changing

Measure Assessment – Exclude

Measure	Source	Priority Areas						Alignment with Existing Public Reports		NQF Endorsed?	Proposed Measures for Inclusion in Required and Optional Measure Sets			
		Patient centered care	Patient safety	SDoH	Effective treatment	Care coordination	Access to care	CHC	CMS Hospital Compar		Y/N	All Hospitals Report	Reason for exclusion	Optional Reporting
Episiotomy	CMQ	x			x			x			Exclude	Low rate	Exclude	Low rate
Delivery by certified nurse midwives	CMQ	x		x		x	x	x		N	Exclude	Preference measure	Exclude	Preference measure
Healthcare workers given influenza vaccination	CMS Hospital Compare	x	x					x	x	Y	Exclude	Not patient oriented	Exclude	Not patient oriented
Surgical site infection - abdominal aortic aneurysm repair	CDPH		x					x			Exclude	Poor correlation	Exclude	Low frequency
Surgical site infection - bile duct/liver/pancreatic	CDPH		x					x			Exclude	Poor correlation	Exclude	Low frequency
Surgical site infection - kidney transplant	CDPH		x					x			Exclude	Poor correlation	Exclude	Low frequency
Surgical site infection - liver transplant	CDPH		x					x			Exclude	Poor correlation	Exclude	Low frequency
Cancer surgery - number of cases (bladder, brain, breast, colon, esophagus, liver, lung, pancreatic, prostate, rectal, stomach)	HCAI	x	x		x		x	x		N	Exclude	Low frequency	Exclude	Low frequency
Angioplasty (PTCA) - Number of cases	HCAI		x		x		x	x		N	Exclude	Measure changing	Exclude	Measure changing
Abdominal aortic aneurysm repair - number of cases	HCAI						x	x			Exclude	Low volume	Exclude	Low frequency
Abdominal aortic aneurysm repair - death rate	HCAI				x			x			Exclude	Low volume	Exclude	Low frequency
Pancreatic resection - death rate	HCAI				x			x			Exclude	Low volume	Exclude	Low frequency
Pancreatic resection - number of cases	HCAI						x	x			Exclude	Low volume	Exclude	Low frequency
Cataract surgery outcome	CMS Hospital Compare				x					N	Exclude	High rate	Exclude	High rate
Colonoscopy follow-up	CMS Hospital Compare								x	N	Exclude	High rate	Exclude	High rate
Emergency department volume	CMS Hospital Compare								x	N	Exclude	Not quality	Exclude	Not quality
Percentage of mothers whose deliveries were scheduled too early (1-2 weeks early), when a scheduled delivery wasn't medically necessary	CMS Hospital Compare	x	x	x	x		x		x	Y	Exclude	Low rate	Exclude	Low rate
Percentage of outpatients with low-back pain who had an MRI without trying recommended treatments (like physical therapy) first	CMS Hospital Compare	x								N	Exclude	Voluntary	Exclude	Voluntary
Percentage of outpatient CT scans of abdomen that were "combination" (double) scans	CMS Hospital Compare	x	x						x		Exclude	Low rate	Exclude	Low rate
Percentage of outpatients who got cardiac imaging stress tests before low-risk outpatient surgery	CMS Hospital Compare	x								N	Exclude	Low rate	Exclude	Low rate
Rate of annual hospital visits after an outpatient colonoscopy	CMS Hospital Compare	x									Exclude	Outpatient	Exclude	Outpatient
Rate of initial admissions for patients receiving outpatient chemotherapy	CMS Hospital Compare								x		Exclude	Outpatient	Exclude	Outpatient
Rate of emergency department visits for patients receiving outpatient chemotherapy	CMS Hospital Compare								x		Exclude	Outpatient	Exclude	Outpatient
Ratio of annual hospital visits after hospital outpatient stay	CMS Hospital Compare								x		Exclude	Outpatient	Exclude	Outpatient

Existing Measures Table – Reasons for Inclusion All Hospitals

- Relevant to large number of hospitals
- Relevant to many patients (i.e., not a narrow disease population)
- Addresses multiple statutory priority areas
- High correlation with hospital HPI score
- Objective evidence of disparity

Measure Assessment – Include

Measure	Source	Priority Areas						Alignment with Existing Public Reports		NQF Endorsed?	Proposed Measures for Inclusion in Required and Optional Measure Sets
		Patient centered care	Patient safety	SDoH	Effective treatment	Care coordination	Access to care	CHC	CMS Hospital Compare	Y/N	Hospitals Report
Woulecommend hospital	CMS Hospital Compare (HCAS)	x		x					x	Y	Include
Receivd information and education	CMS Hospital Compare (HCAS)	x	x	x		x		x	x		Include
Hospitl -wide readmission rate	CMS Hospital Compare	x	x	x	x	x	x	x	x	Y	Include
Breastfeeding rate	CDPH	x		x	x					Y	Include

Measure Assessment – Consider, Part 1

Measure	Source	Priority Areas						Alignment with Existing Public Reports		NQF Endorsed?	Proposed Measures for Inclusion in Required and Optional Measure Sets	
		Patient centered care	Patient safety	SDoH	Effective treatment	Care coordination	Access to care	CH	CMS Hospital Compare	Y/N	All Hospitals Report	Optional Reporting
Nurses communicated well	CMS Hospital Compare (HCAHPS)	x	x	x				x	x		Consider	Consider
Doctors communicated well	CMS Hospital Compare (HCAHPS)	x	x	x				x	x		Consider	Consider
Help received when wanted	CMS Hospital Compare (HCAHPS)	x	x	x				x	x		Consider	Consider
Staff explained medicine	CMS Hospital Compare (HCAHPS)	x	x	x		x		x	x	Y	Consider	Consider
Patient understood care	CMS Hospital Compare (HCAHPS)	x				x		x		Y	Consider	Consider
Patient room and bathroom was clean	CMS Hospital Compare (HCAHPS)	x							x	Y	Consider	Consider
Quiet at night	CMS Hospital Compare (HCAHPS)	x							x	Y	Consider	Consider
Sepsis management	CMS Hospital Compare		x		x			x		Y	Consider	Consider
Time in ER before being sent home	CMS Hospital Compare	x		x			x	x	x		Consider	Consider
Left the ER before being seen	CMS Hospital Compare	x		x			x	x	x		Consider	Consider
Heart attack death rate	CMS Hospital Compare				x				x	Y	Consider	Consider
Heart attack readmission rate	CMS Hospital Compare	x		x	x	x	x	x	x	Y	Consider	Consider
Angioplasty (PTCA) - death rate	HCAI				x					Y	Consider	Consider
CABG death rate - with valve	HCAI				x					Y	Consider	Consider
Postoperative stroke	HCAI				x					Y	Consider	Consider
Heart failure death rate	CMS Hospital Compare				x				x	Y	Consider	Consider
Heart failure readmission rate	CMS Hospital Compare	x		x	x	x	x	x	x	Y	Consider	Consider
Pneumonia death rate	CMS Hospital Compare				x				x	Y	Consider	Consider
Pneumonia readmission rate	CMS Hospital Compare	x		x	x	x	x	x	x	Y	Consider	Consider
COPD death rate	CMS Hospital Compare				x				x	Y	Consider	Consider
COPD readmission rate	CMS Hospital Compare	x		x	x	x	x	x	x	Y	Consider	Consider
Stroke death rate	CMS Hospital Compare				x				x	Y	Consider	Consider
Percentage of patients who came to the emergency department with stroke symptoms who received brain scan results within 45 minutes of arrival	CMS Hospital Compare				x		x			Y	Consider	Consider
Rate of complications for hip/knee replacement patients	CMS Hospital Compare		x		x					Y	Consider	Consider
Hospital return days for heart attack patients	CMS Hospital Compare	x		x	x	x	x		x	Y	Consider	Consider
Hospital return days for heart failure patients	CMS Hospital Compare	x		x	x	x	x		x	Y	Consider	Consider
Hospital return days for pneumonia patients	CMS Hospital Compare	x		x	x	x	x		x	Y	Consider	Consider

Measure Assessment – Consider, Part 2

Measure	Source	Priority Areas						Alignment with Existing Public Reports		NQF Endorsed?	Proposed Measures for Inclusion in Required and Optional Measure Sets	
		Patient centered care	Patient safety	SDoH	Effective treatment	Care coordination	Access to care	CHC	CMS Hospital Compare	Y/N	All Hospitals Report	Optional Reporting
Patients with alcohol abuse who received or refused a brief intervention during their inpatient stay	CMS Hospital Compare	x		x	x						Consider	Consider
Patients with alcohol abuse who received a brief intervention during their inpatient stay	CMS Hospital Compare	x		x	x						Consider	Consider
Patients who screened positive for an alcohol or drug use disorder during their inpatient stay who, at discharge, either: (1) received or refused a prescription to treat their alcohol or drug use disorder OR (2) received or refused a referral for addiction treatment	CMS Hospital Compare	x		x	x	x	x		x		Consider	Consider
Patients who screened positive for an alcohol or drug use disorder during their inpatient stay who, at discharge, either: (1) received a prescription to treat their alcohol or drug use disorder OR (2) received a referral for addiction treatment	CMS Hospital Compare	x		x	x	x	x		x		Consider	Consider
Patients who use tobacco who received or refused counseling to quit AND received or refused medications to help them quit tobacco or had a reason for not receiving medication during their hospital stay	CMS Hospital Compare	x		x	x	x	x		x		Consider	Consider
Patients who use tobacco and who received counseling to quit AND received medications to help them quit or had a reason for not receiving medication during their hospital stay	CMS Hospital Compare	x		x	x	x	x		x		Consider	Consider
Patients who use tobacco and at discharge (1) received or refused a referral for outpatient counseling AND (2) received or refused a prescription for medications to help them quit or had a reason for not receiving medication	CMS Hospital Compare	x		x	x	x	x		x		Consider	Consider
Patients who use tobacco and at discharge (1) received a referral for outpatient counseling AND (2) received a prescription for medications to help them quit or had a reason for not receiving medication	CMS Hospital Compare	x		x	x	x	x		x		Consider	Consider
Patients hospitalized for mental illness who received follow-up care from an outpatient mental health care provider within 30 days of discharge	CMS Hospital Compare	x		x	x	x	x		x		Consider	Consider
Patients hospitalized for mental illness who received follow-up care from an outpatient mental health care provider within 7 days of discharge	CMS Hospital Compare	x		x	x	x	x		x		Consider	Consider

Goals for October Meeting

- Finalize discussion and vote on inclusions, exclusions at “all hospital level”
- Complete review of remaining measures for consideration
- Discuss requirements for specialty hospitals
 - Pediatric
 - Inpatient psychiatric
 - Other specialty
- Discuss other recommendations for reporting
 - Numerator size required for stratification
 - Raw vs. adjusted rates
 - Use of AHRQ software
 - Manual readmissions/HCAHPS stratification