

# Agenda IV: Measure Selection Discussion and Voting

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# Process for “All Hospitals” Measures

Select

Committee can select any additional measure from the “All Measures” tab for discussion

Discuss

Discuss each of the tier 1-3 measures, weighing benefits and potential drawbacks. After discussion, recommend for inclusion, further consideration, or exclusion.

Vote

After discussion of all measures, single vote on measures recommended for inclusion.

# Considerations

- Disparities
- Applicability
- Actionability
- Statistical confidence and power
- Priority areas

Tier	Measure	Rationale	Hospital HPI Correlation	State-Wide Denominator	Number of Reporting Hospitals	Statistical Confidence and Power	Patient centered care	Patient safety	SDoH	Effective treatment	Care coordination	Access to care
1	HCAHPS: Would recommend hospital	High correlation with Hospital HPI, broad applicability, patient centric, literature evidence of disparities	0.45	20,842	302	TBD	x		x			
1	HCAHPS: Received information and education	Moderate correlation with Hospital HPI, broad applicability, patient centric, patient safety	0.27	25,535	302	TBD	x	x	x		x	
1	Hospitalwide readmission rate	Moderate correlation with Hospital HPI, broad applicability, evidence of disparities documented in literature, statistical power to detect a difference, captures all statutory categories	-0.31	223,041	311	x	A	x	x	x	x	x
1	Breastfeeding rate	High correlation with Hospital HPI, independently predicted by Hospital HPI (regress90n), high actionability, good applicability	0.57	366,614	213	TBD	x		x	x		
2	Sepsis management	Process measure, leading cause of mortality, literature evidence of disparities, high actionability, high applicability	0.17	28,869	298	TBD		x		x		
2	Pneumonia death rate	High actionability, high applicability, statistical power to detect a difference	-0.06	83,945	278	x				x		
2	Heart attack death rate	Moderate actionability, moderate applicability, fair correlation with Hospital HPI	-0.20	25,047	189	x				x		
	Committee Nominated Measure											
	Committee Nominated Measure											
3	Stroke death rate	Statistical power to detect a difference, less actionable, case mix issues, weak HPI correlation	-0.11	31,993	217	x				x		
3	Cesarean birth rate (NTSV)	Some racial disparities in terms of frequency (not outcomes), good applicability, good actionability, weak correlation with Hospital HPI	-0.07	139,752	218	TBD				x		x
42	Death after serious treatable complication	Significant disparities by AHRQ Report, good actionability, fair correlation with	-0.19	12,418	154	low		x				

# Tiering Potential “All Hospital” Measures

# Tier 1 for “All Hospital” Measures

# HCAHPS: Would recommend hospital

Criteria	Assessment	
Evidence of disparity?	<b>Yes.</b> High correlation with HPI score.	✓
Applicability?	<b>High.</b> 302 hospitals report this measure.	✓
Actionability?	<b>High.</b> State-wide denominator was 20,842 in 2021, great QI resources available.	✓
Statistical confidence and power?	To be determined	--
Alignment with priority areas?	<b>Yes.</b> Aligns to the priority areas of “patient centered care” and “social determinants of health.”	✓

# HCAHPS: Received information and education

Criteria	Assessment	
Evidence of disparity?	<b>Yes.</b> Moderate correlation with HPI score.	✓
Applicability?	<b>High.</b> 302 hospitals report this measure.	✓
Actionability?	<b>High.</b> State-wide hospital denominator was 25,535 in 2021, great QI resources available.	✓
Statistical confidence and power?	To be determined.	--
Alignment with priority areas?	<b>Yes.</b> Aligns to the priority areas of “patient centered care” and “social determinants of health.”	✓

# Hospital-wide readmission rate

Criteria	Assessment	
Evidence of disparity?	<p><b>Yes.</b> Moderate correlation with HPI score. Evidence of disparities documented in literature. CA data shows state-wide racial disparities.</p>	✓
Applicability?	<p><b>High.</b> 311 hospitals report this measure.</p>	✓
Actionability?	<p><b>High.</b> State-wide denominator was 223,041 in 2021, great QI resources available.</p>	✓
Statistical confidence and power?	<p><b>Yes.</b> 255 (81%) hospitals have sufficient sample size, which accounts for 392, 795 (98.3%) of admissions.</p>	✓
Alignment with priority areas?	<p><b>Yes.</b> Aligns to all of the priority areas.</p>	✓



# Breastfeeding rate

Criteria	Assessment	
Evidence of disparity?	<b>Yes.</b> High correlation with HPI score. CA data shows state-wide racial disparities.	✓
Applicability?	<b>Moderate.</b> 213 hospitals report this measure.	--
Actionability?	<b>High.</b> State-wide denominator was 366,614 in 2021, good QI resources, many regional/statewide organizations with support.	✓
Statistical confidence and power?	To be determined	--
Alignment with priority areas?	<b>Yes.</b> Aligns to priority areas of patient-centered care, SDOH, and effective treatment.	✓

# Tier 2 for “All Hospital” Measures

# Sepsis management

Criteria	Assessment	
Evidence of disparity?	<b>Unknown.</b> Low correlation with HPI. Documented evidence of disparities in literature.	--
Applicability?	<b>High.</b> 298 hospitals report this measure.	✓
Actionability?	<b>High.</b> State-wide denominator was 28,869 in 2021, many QI resources available.	✓
Statistical confidence and power?	To be determined	--
Alignment with priority areas?	<b>Yes.</b> Aligns to patient safety and effective treatment.	✓

# Pneumonia death rate

Criteria	Assessment	
Evidence of disparity?	<b>Unknown.</b> Low correlation with HPI.	--
Applicability?	<b>High.</b> 278 hospitals report this measure.	✓
Actionability?	<b>High.</b> State-wide denominator was 83,945 in 2021, good QI resources available.	✓
Statistical confidence and power?	187 (65.2) hospitals have sufficient multiyear sample size, which accounts for 92,094 (89.8) of eligible cases.	✓
Alignment with priority areas?	<b>Yes.</b> Aligns to effective treatment.	✓

# Heart attack death rate

Criteria	Assessment	
Evidence of disparity?	<b>Unknown.</b> Fair correlation with HPI.	--
Applicability?	<b>Moderate.</b> 189 hospitals report this measure.	--
Actionability?	<b>Moderate.</b> State-wide denominator was 25,047 in 2021, some QI resources available.	--
Statistical confidence and power?	108 (40.8) hospitals have sufficient multiyear sample size, which accounts for 50,467 (71.4) of eligible cases.	✓
Alignment with priority areas?	<b>Yes.</b> Aligns to effective treatment.	✓

# Tier 3 for “All Hospital” Measures

# Stroke death rate

Criteria	Assessment	
Evidence of disparity?	<b>Unknown.</b> Weak correlation with HPI.	--
Applicability?	<b>Moderate.</b> 217 hospitals report this measure.	--
Actionability?	<b>Lower.</b> State-wide denominator was 31,993 in 2021. Challenges with appropriate interventions based on case mix. Fewer QI resources available.	X
Statistical confidence and power?	75 (25.4) hospitals have sufficient annual sample size, which accounts for 36,591 (57.1) of eligible cases.	✓
Alignment with priority areas?	<b>Yes.</b> Aligns to effective treatment.	✓

# Cesarean birth rate (NTSV)

Criteria	Assessment	
Evidence of disparity?	<b>Yes.</b> CA data shows disparities in frequency. Weak correlation with HPI.	✓
Applicability?	<b>Yes.</b> 218 hospitals report this measure.	--
Actionability?	<b>Yes.</b> State-wide denominator was 139,752 in 2021, great QI resources available.	✓
Statistical confidence and power?	To be determined.	--
Alignment with priority areas?	<b>Yes.</b> Aligns to effective treatment and access to care.	✓



# Death after serious treatable complication

Criteria	Assessment	
Evidence of disparity?	<b>Yes.</b> Evidence of significant disparities in the AHRQ Report. Fair correlation with HPI.	✓
Applicability?	<b>Moderate.</b> 154 hospitals report this measure.	--
Actionability?	<b>Moderate.</b> State-wide denominator was 12,418 in 2020.	--
Statistical confidence and power?	0 hospitals have significant sample size	✗
Alignment with priority areas?	<b>Yes.</b> Aligns to patient safety.	✓

# Voting

# Next Steps: November & December Meeting Topics

- Consider other measures for individual hospitals to select and report
- Requirements for pediatric and psychiatric hospitals (CMS requirements/scaffolding only?)
- Exclusions for hospitals that do not provide services (such as non-birthing hospitals)
- Recommendations for the format for hospital submitted health equity action plan
  - Determining meaningful differences between/among categories
  - Interpreting results for action