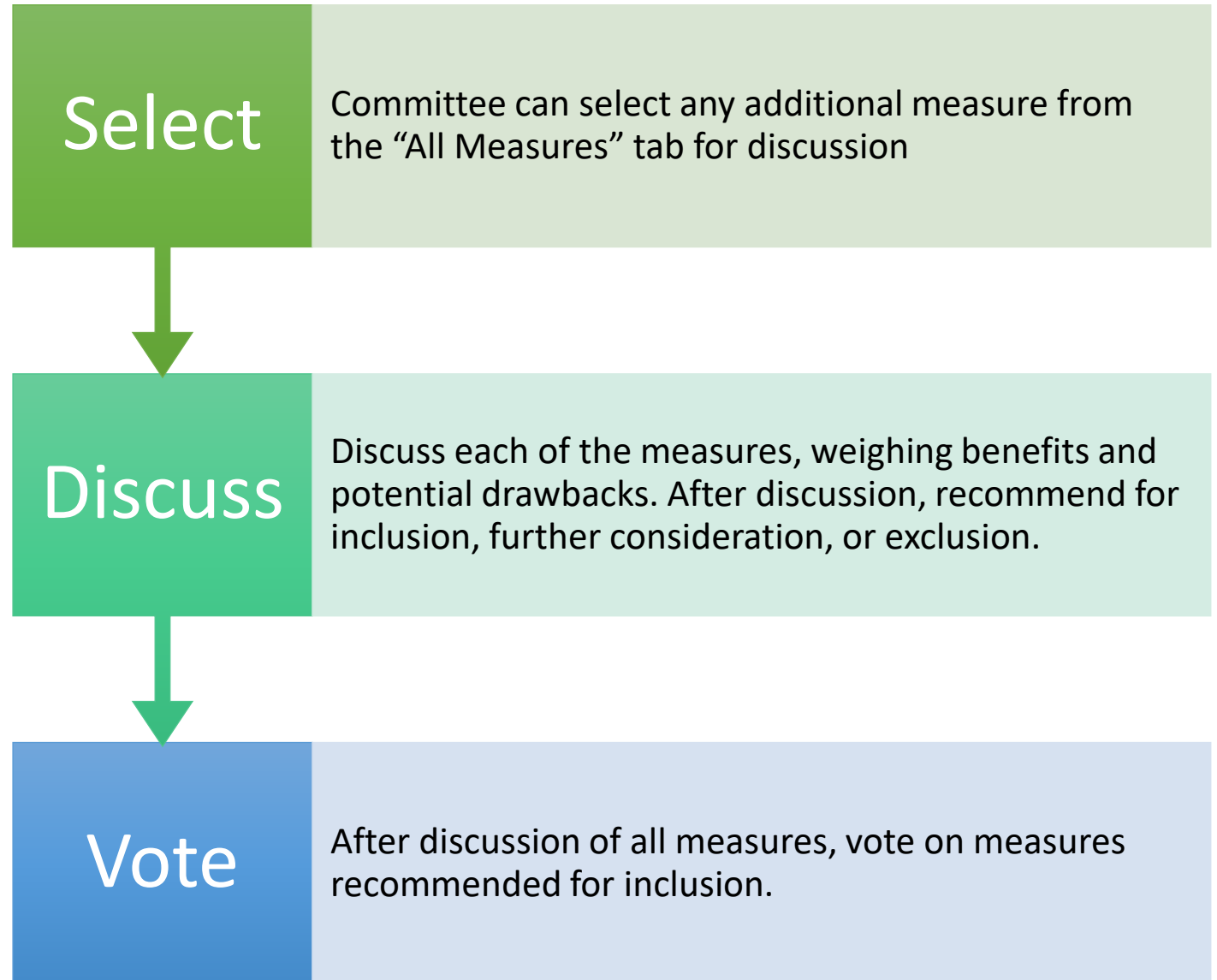


Agenda IV: Measure Selection Discussion and Vote on Pediatric & Psychiatric Hospitals

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Measure Selection Process



Considerations

- Disparities
- Applicability
- Actionability
- Statistical confidence and power
- Priority areas
- Ability to aggregate at a state level
- Encourages engagement with community

Apply these considerations to a set of existing measures that hospitals currently report to CMS, CDPH or HCAI

Structural Measures to include in Hospital Equity Reports – recommended 11/03/2022

The committee recommends that Hospital Equity Reports include the **following five (5) structural measures that are included in the CMS hospital health equity reporting** with additional specifications to be defined by the committee (to adopt as one measure):

1. Hospital attests that hospital has a strategic plan for advancing health equity.
2. Hospital attests that hospital engages in demographic and social determinant/drivers of health data collection.
3. Hospital attests that hospital engages in data analysis activities to identify equity gaps.
4. Hospital attests that hospital engages in local, regional, or national quality improvement activities focused on reducing health disparities.
5. Hospital attests that hospital engaged in leadership activities, annually reviewing strategic plan for achieving health equity, and annually reviewing key performance indicators stratified by demographic and/or social factors.

6. HEDIS measure Social Need Screening and Intervention (SNS-E): The percentage of members who were screened, using pre-specified instruments, at least once during the measurement period for unmet food, housing and transportation needs, and received a corresponding intervention if they screened positive.

Hospital Equity Reports include the following **3 structural measures based on the Joint Commission Accreditation's Health Care Disparities Reduction and Patient-Centered Communication Accreditation Standards:**

7. Designate an individual to lead hospital health equity activities.
8. Provide documentation of policy prohibiting discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sexual orientation, and gender identity or expression and how workers are trained on that policy.
9. Report percentage of patients by preferred language spoken.

Committee Vote

The committee recommends that Psychiatric and Children's hospitals to include their already adopted health equity structural and screening measures for the HCAI hospital equity reports.

Public Comment

Considerations for Psychiatric Hospitals

- [Inpatient Psychiatric Facility Quality Reporting](#)
 - 93 reporting facilities in California
 - 40 are acute psychiatric only
 - 53 are part of general acute care hospitals
- Documented disparities in care across race/ethnicity and payor type
 - Cause of disparity is not always well understood



Inpatient
psychiatric

(40 are acute psychiatric only)

Topic for Committee Discussion and Action in 2023

Transition to the Measures Worksheet (excel file)

Tier	Measure	Rationale	Criteria	Hospital HPI Correlation	Evidence of disparities in literature?	Data Source	State-Wide Denominator	Median Numerator	Average Rate	Number of Reporting Hospitals	Statistical Confidence and Power	Patient centered care	Patient safety	SDoH	Effective treatment	Care coordination	Access to care
1	30-Day All-Cause unplanned readmission following psychiatric hospitalization in an IPF	Similar to GAC hospitals. CMS uses FFS claims to look at ANY hospital readmission, not just APH. For our purposes, only readmissions to the same hospital would be stratified.	Source	IPFQR	n/a	Yes	FFS Claims	26,945	45	21%	29	TBD	x	x	x	x	x
1	Timely transmission of transition record	Among the highest measures to be able to detect a disparity for this data set and a relatively low average rate. Transitions are key patient safety and readmissions challenges		IPFQR	n/a	Yes	Self-report	52,612	262	64%	31	TBD	x	x		x	x
1	Screening for metabolic disorders	Essentially a preventive medicine screening as in the ambulatory arena where disparities are large for screening measures.		IPFQR	n/a		Self-report	28,112	232	85%	31	TBD			x		x
1	SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a: Alcohol and Other Drug Use Disorder Treatment at Discharge	Linkage with co-existing conditions and follow-up ambulatory care/care coordination		IPFQR	n/a	Yes	Self-report	12,843	56	65%	27	TBD			x	x	x
1	TOB3: Tobacco Use Treatment Provided or Offered at Discharge and TOB-3a: Tobacco Use Treatment at Discharge	Linkage with co-existing conditions and follow-up ambulatory care/care coordination		IPFQR	n/a	Yes	Self-report	11,178	48	65%	29	TBD			x	x	x
2	Transition discharge record with received by discharged patients	It was higher rate than other measures. Evidence of disparities in the literature					52,612					TBD	x			x	
2	SUB-2: Alcohol Use Brief Intervention Provided or Offered and SUB-2a: Alcohol Use Brief Intervention	Much higher rates suggesting less opportunity to detect a disparity than SUB-3 and less expansive in types of conditions. Brief Intervention is a specific treatment with modest success		IPFQR	n/a	Yes	Self-report	8,022	48	85%	27	TBD			x		x
2	TOB-2: Tobacco use treatment provided or offered and TOB-2a: Tobacco Use Treatment	Average rate of 90% suggest less chance of detecting a disparity then TOB-3 and does not link with ambulatory care/care coordination		IPFQR	n/a	Yes	Self-report	13,357	107	90%	29	TBD			x		x
3	HBIPS-2: Hours of Physical Restraint Use	Very low rates and infrequent events make a detection of disparities not due to chance low.		IPFQR	n/a	Yes	Self-report	1,432,493	32	0.55/1000 hours	33	TBD	x	x			
3	HBIPS-3: Hours of Seclusion Use	Very low rates and infrequent events make a detection of disparities not due to chance low.		IPFQR	n/a	Yes	Self-report	1,432,493	22	0.31/1000 hours	33	TBD	x	x			
3	HBIPS-5: Patients discharged with multiple antipsychotic medications with appropriate justification	Very low rates and infrequent events make a detection of disparities not due to chance low.		IPFQR	n/a		Self-report	3,063	24	69%	25	TBD			x		
4	FUH: Follow-up After Hospitalization for Mental Illness	Not possible to calculate without FFS claims data		IPFQR	n/a	Yes	FFS Claims	4,419	11	48%	28					x	x
4	Medication continuation following inpatient psychiatric discharge	Not possible to calculate without FFS claims data		IPFQR	n/a		FFS Claims	13,051	127	74%	24				x	x	

Transition to Worksheet

Tier 1

1. 30-Day All-Cause unplanned readmission following psychiatric hospitalization in an IPF
2. Timely transmission of transition record
3. Screening for metabolic disorders
4. SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a: Alcohol and Other Drug Use Disorder Treatment at Discharge
5. TOB3: Tobacco Use Treatment Provided or Offered at Discharge and TOB-3a: Tobacco Use Treatment at Discharge

Tier 2

1. Transition discharge record with specified elements received by discharged patients
2. SUB-2: Alcohol Use Brief Intervention Provided or Offered and SUB-2a: Alcohol Use Brief Intervention
3. TOB-2: Tobacco use treatment provided or offered and TOB-2a: Tobacco Use Treatment

Tier 3

1. HBIPS-2: Hours of Physical Restraint Use
2. HBIPS-3: Hours of Seclusion Use
3. HBIPS-5: Patients discharged on multiple antipsychotic medications with appropriate justification

Tier 4

1. FUH: Follow-up After Hospitalization for Mental Illness
2. Medication continuation following inpatient psychiatric discharge

Voting

Public Comment

Multiple Configurations for Reporting

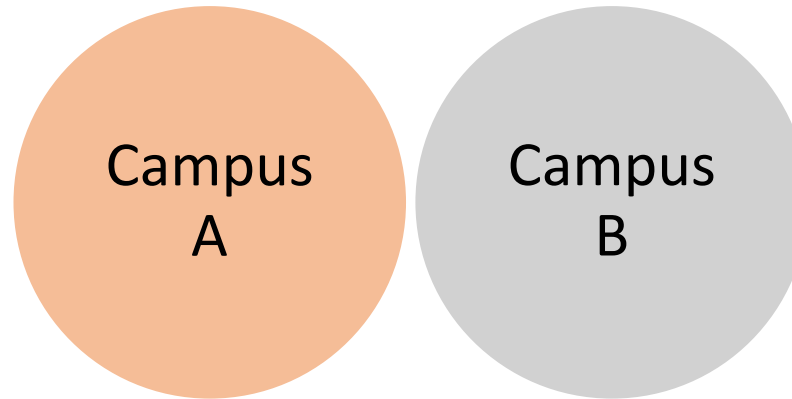
Topic for Committee Discussion and Action in 2023

Standalone, Single Campus



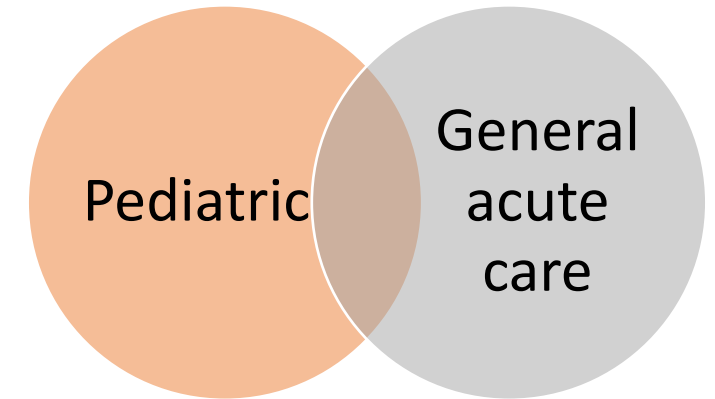
e.g., Valley Children's, CHOC, CHLA, Rady Children's

Multiple campuses



e.g., UCSF Benioff

Overlap with GAC



e.g., UCLA Mattel, UC Davis, Stanford Health-Lucille Packard

Considerations for Pediatric Hospitals

- Documented disparities in pediatric care
 - Cause of disparities is unclear
 - Disparities often measured at the state or national level and may be due to differences in care across—not within—facilities
- Multiple programs for QI in children’s hospitals
 - No reporting mandates; no publicly available data
 - Programs include:
 - [Vermont Oxford Network \(VON\)](#) for neonatal care
 - [Children’s Hospital Association Pediatric Health Information System \(PHIS\)](#) data not publicly available
 - [AHRQ Pediatric Quality Measures Program \(PQMP\)](#) primary focused on ambulatory care
 - [AHRQ Pediatric Quality Indicators \(PDIs\)](#) primarily area-level measures
 - [California Perinatal Quality Care Collaborative \(CPQCC\)](#) for neonatal care
 - [California Maternal Quality Care Collaborative \(CMQCC\)](#) includes measures relevant to newborns
 - [Solutions for Patient Safety \(SPS\)](#) a voluntary network focused on patient safety

Additional Considerations

- Medicare funding for Children's Hospitals is limited to non-existent – therefore, fewer payor types with a predominance of Medi-Cal for most
- Children's Hospitals have fewer events making detecting disparities less likely for some measures
- Like Academic Medical Centers, Children's Hospitals are often receiving hospitals for transferred children after admission elsewhere
- Only three of the CA Children's Hospitals are birthing hospitals
- The Emergency Department (ED) may be linked to the General Acute Care Hospital and not the Children's Hospital

Committee Vote

The committee recommends that Children’s Hospitals to submit the “pediatric equivalent” of relevant general acute care measures.

Relevant	Not Relevant
Child HCAHPS	Pneumonia death rate - rare
All-cause readmission rate (including the Behavioral Health measure)	Death after serious treatable event – no measure
Sepsis management*	Time in ED before being seen – not routinely collected
<i>Birthing measures</i>	
Breastfeeding – birthing only	
NTSV Cesarean birth – birthing only	
VBAC rate – birthing only	

* Not SEP-1, specifications defined in 2023

Public Comment