

Agenda V: Continue Measure Selection Discussion & Voting

Bruce Spurlock, MD | Hospital Quality Measure Expert & HCAI Consultant

Natalie Graves | Hospital Quality Measures Expert, HCAI Consultant

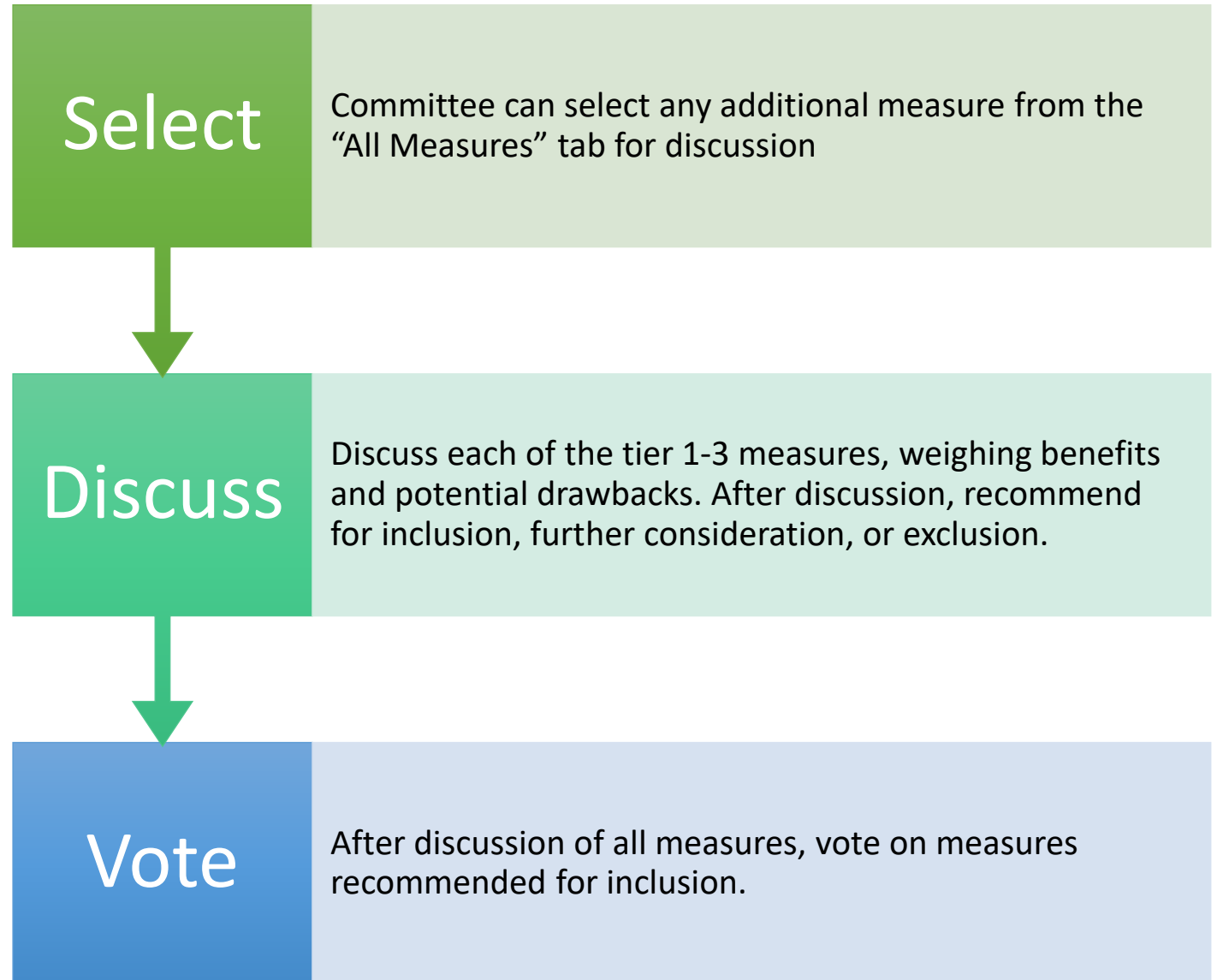
Sample Scenario for Potential Reporting



*Advisory Committee to recommend what is a “significant disparity”. Discussion to be completed in December meeting

**Advisory Committee to recommend format of the action plan. Discussion to be completed in 2023.

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

Tier 2

1. Sepsis management
2. Cesarean birth rate (NTSV)
3. Pneumonia death rate
4. Heart attack death rate
5. C. difficile infection
6. Vaginal birth after delivery (VBAC) rate

Tier 3

1. Death after serious treatable complication
2. Percentage of patients who came to the emergency room with stroke symptoms who received brain scan results within 30 minutes of arrival
3. Catheter associated urinary tract infections
4. Central line blood stream infections
5. Time in the ED without being seen
6. Methicillin resistant staph aureus
7. Surgical site infection – Colon
8. Surgical site infection – Abdominal hysterectomy
9. Stroke death rate

Tier 4

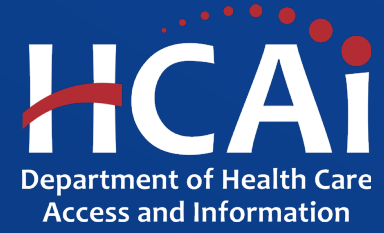
1. Left the ED without being seen
2. Patients who screened positive for an alcohol or drug use disorder during their inpatient stay who, at discharge, either: (1) received or refused a prescription to treat their alcohol or drug use disorder OR (2) received or refused a referral for additional treatment
3. Patients hospitalized for mental illness who received follow-up care from an outpatient mental health care provider within 30 days of discharge
4. Emergency Post-Exposure Prophylaxis (PEP) diagnosis and medication distribution within the ED
5. ED or hospital screening & referral for behavioral health and/or substance use disorders
6. Measures of volume by hospital service area – ED, inpatient discharges, ambulatory surgery visits
7. Lown Institute approach to hospital equity measures

Voting

Public Comment

Next Steps: December Meeting Topics

- Recommendations for pediatric and psychiatric hospitals
- Consider other measures for individual hospitals to select and report
- Exclusions for hospitals that do not provide services
- Finalize set of committee recommendations to HCAI Director (to be submitted by 12/31/2022)
- Approve recommended meeting calendar dates and times for 2023



Appendix

Criterion used for Quality Measures Selection

Criterion	Criterion Definition
Disparities	This criterion is meant to assess for the likelihood of finding a disparity across demographic groups. HCAI consultants analyzed the correlation between the California Health Places Index and each quality measure. A higher correlation suggests measure performance may be related to levels of need in the community, which indicates we may see disparities across demographic groups. We also looked to the literature to identify any documented disparities for each measure.
Applicability	This criterion assesses the number of hospitals eligible to report the measure, prioritizing measures that are applicable to a larger number of hospitals. Consultants used data from Cal Hospital Compare to complete this analysis.
Actionability	To assess for the opportunity to impact a large number of patients, consultants used data from Cal Hospital Compare to identify the state-wide denominator (i.e., number of patients potentially impacted) for each measure. Larger denominators signify greater opportunity for action. Consultants also offered insight on the availability of quality improvement tools and evidence that may guide improvement efforts.
Statistical confidence and power	For select measures, as recommended by the Committee, a statistical confidence and power analysis to identify which hospitals have sufficient data to show a disparity.
Ability to aggregate at a state level	HCAI provided input on whether each measure under consideration could be aggregated at a state-wide level.
Encourages engagement with community	Consultants offered an assessment of whether and how the interventions required to improve a given measure require engagement of the community vs being something that occurs solely within the hospital walls.