

Agenda IV: Overview of Evaluation and Measure Recommendations

Christopher Krawczyk, PhD, Chief Analytics Officer, HCAI

Addy Harewood-Smith, PhD, Research Scientist II, HCAI

HCAI Focus in 2024

- Regulations/Rulemaking
- Program policies and procedures
- Program operations

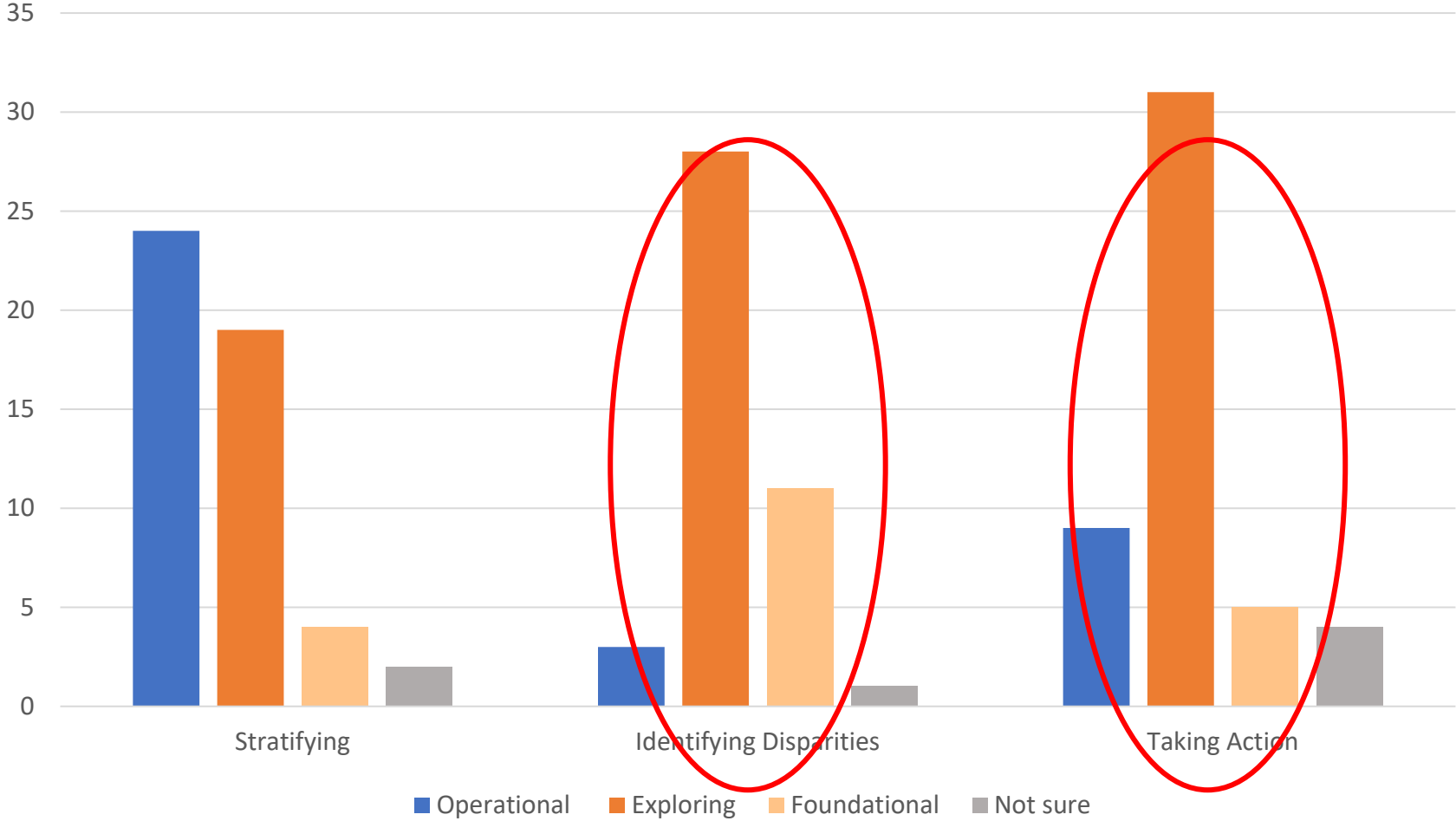
HCAI Focus in 2024

Regulation process will address:

- Implement and operationalize the program
- Data collection for the measures
- Reports submission and posting

Analytical Capability

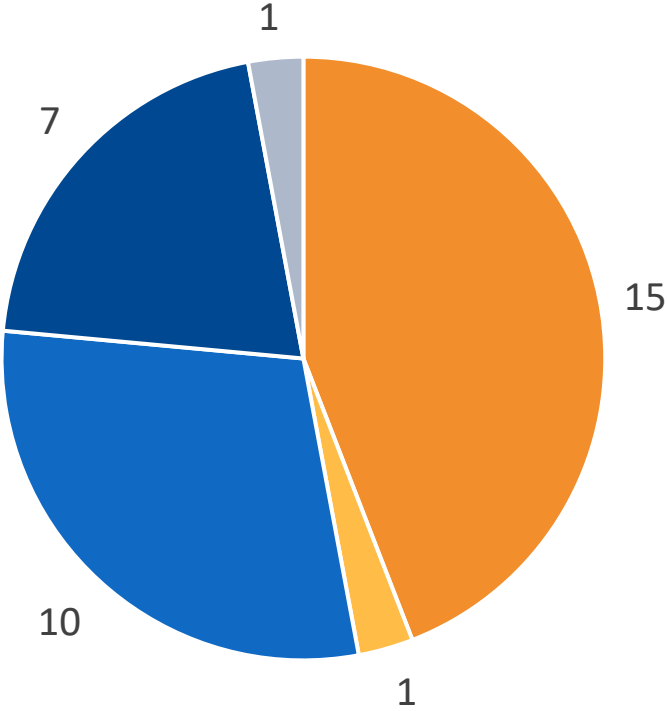
Many hospitals could use support in analyzing and interpreting data to inform action.



Pre-Survey Results: Analysis Capability

Question: Please select your data analysis capabilities for the equity measures report

- Bare minimum/enough to process some required reports
- Contract out to vendor
- Dedicated staff to track, process, and analyze data reports
- Dedicated team (more than 2 person) to track, process, and analyze data reports
- Other

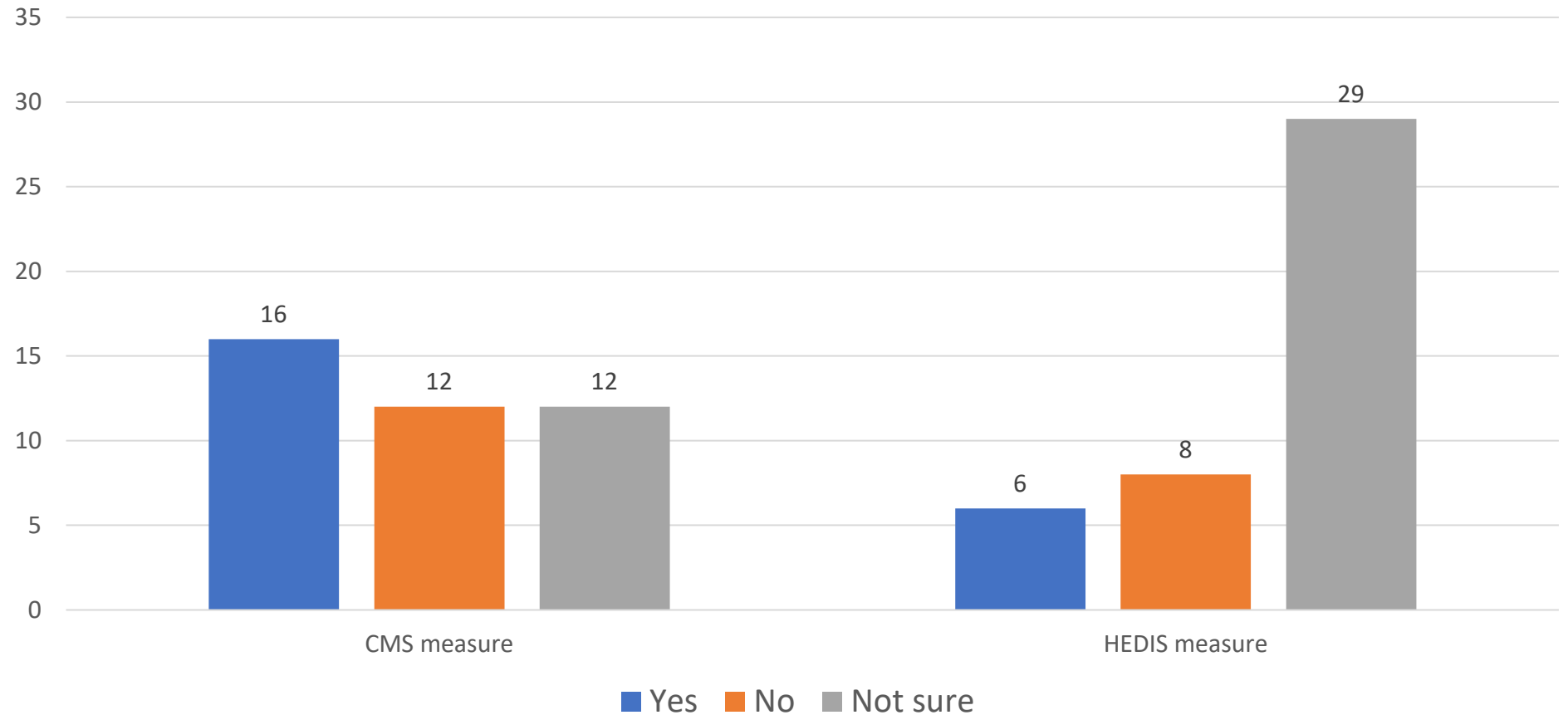


Regulations Timeline

Responsible Party	Subtopic	Estimated Start	Estimated End
HCAI	Internal development of regulations	Quarter 3 2023	Quarter 2 2024
HCAI	Submit regulation to Office of Administrative Law	Quarter 2 2024	Quarter 2 2024
HCAI	Post regulations to website for public comment (45 days)	Quarter 2 2024	Quarter 2 2024
HCAI	Summarize and create response to public comments	Quarter 2 2024	Quarter 2 2024
HCAI	If needed, revise regulations and post for additional comment period (15 days or 45 days)	Quarter 3 2024	Quarter 4 2024
OAL	OAL reviews, approves and files regulations package with Secretary of State.	Quarter 4 2024	Quarter 4 2024
HCAI	Post to HCAI website	Quarter 4 2024	Quarter 4 2024

CMS/HEDIS Poll Question

Poll Question: Are you prepared to submit the CMS SDOH Screening and/or HEDIS SDOH Screening measures?



Many organizations are beginning to collect SDOH data. More are prepared to submit on the CMS screening measure.

Reporting Approach

2025 Report and Regulations:

- Adopt a set of measures through regulations based on those recommended by HEMAC.
- First hospital reports with selected measures will be due September 2025.
 - HCAI will provide technical assistance and program operations that reflects the broad range of capacity for hospitals to report these measures.

Needing more evaluation: Some measures recommended by HEMAC will be considered when HEMAC re-evaluates their recommendations by September 30, 2027.

Evaluation Process

Sources

- Recommendations from HEMAC
- Feedback from hospitals and workshopping
- Additional input from psychiatric hospitals
- HCAI legal consultation
- HCAI evaluation of measures
 - Data collection and analysis capacity at hospitals
 - Additional burden and cost to hospitals
 - Completeness of data, de-identification and small numbers, stratification, standardization, validation, and the ability of the measures to inform action

HCAI evaluation of measures

- Standardization of data collection and reporting allows for comparability across hospitals.
- High data quality is crucial to drawing reliable insights and making informed decisions.
- HCAI's ability to validate hospital submitted measures improves the accuracy and consistency of reporting.
 - For numerous measures HCAI's ability to validate will be constrained by the unavailability of underlying data.
- Hospitals must adhere to data de-identification guidelines (DDG) to protect patient privacy.
 - Some data may need to be suppressed or reported at an aggregated level due to issues arising from small cell sizes for certain measures and stratifications.

Structure Measures for All Hospitals

Adopt As Recommended	Adopt With Modification	Needs More Evaluation
<ul style="list-style-type: none"> • The three structural measures based on the Joint Commission Accreditation’s Health Care Disparities Reduction and Patient-Centered Communication Accreditation Standards: <ul style="list-style-type: none"> ○ Designate an individual to lead hospital health equity activities ○ Provide documentation of policy prohibiting discrimination ○ Report percentage of patients by preferred language spoken 	<ul style="list-style-type: none"> • CMS Hospital Commitment to Health Equity Structural (HCHE) Measure (adopt as 1 measure) • Replace HEMAC recommended HEDIS measure Social Need Screening and Intervention (SNS-E) with two CMS measures and add an HCAI created measure for having an intervention (yes/no): <ul style="list-style-type: none"> ○ CMS Screening for Social Drivers of Health ○ CMS Screen Positive Rate for Social Drivers of Health 	

Evaluation of Structural Measures for All Hospitals

The CMS structural measures that are included in the Hospital Commitment to Health Equity Structural (HCHE) Measure to be adopted as one measure:

- Workshop polls indicated that 40% of the hospitals are prepared to report on the CMS Hospital Commitment.
- HCAI recommends modifying the Structural Measures to align with the established CMS Hospital HCHE Measure (available in the CMS Provider Data Catalog).

HEDIS measure Social Need Screening and Intervention (SNS-E):

- Based on the hospital workshopping poll results, 14% are currently implementing this measure.
- HCAI recommends to replace the HEDIS measure with the CMS Screening for Social Drivers of Health and Screen Positive Rate for Social Drivers of Health measures.

Core Quality Measures for All Hospitals

Adopt As Recommended	Adopt With Modification	Needs More Evaluation
<ul style="list-style-type: none"> • Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey: Would recommend hospital* • HCAHPS survey: Received information and education* • AHRQ measures - Pneumonia Mortality Rate • AHRQ Death Rate among Surgical Inpatients with Serious Treatable Complications • AHRQ Vaginal Birth After Cesarean (VBAC) Rate* 	<ul style="list-style-type: none"> • HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate* • AHRQ Primary Cesarean Delivery Rate, Uncomplicated* • HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis 	<ul style="list-style-type: none"> • Breastfeeding rate • Sepsis management • Time in the Emergency Department (ED) without being seen

*Excludes children's and psychiatric hospitals

Evaluation of Core Quality Measures for All Hospitals

Adopt as recommended

- **HCAHPS:** The only measure that provides insight into consumer experience. HCAI recommends reporting these two HCAHPS measures but note limitations that were raised during workshopping.
- **HCAI also recommends adding Agency for Healthcare Research and Quality (AHRQ) specifications to the other core measures.**
 - AHRQ measures - Pneumonia Mortality Rate
 - AHRQ Death Rate among Surgical Inpatients with Serious Treatable Complications
 - AHRQ Vaginal Birth After Cesarean (VBAC) Rate, Uncomplicated (IQI 22) Measure

Evaluation of Core Quality Measures for All Hospitals

Adopt with modification

- **Readmission rates for all hospitals** could be calculated based on the CMS Hospital Inpatient Quality Reporting (IQR) program methodology which would require extensive analytical skills at hospitals.
 - 44% of hospitals in the workshop survey rated their data analysis capability as “bare minimum/enough to process some required reports”.
 - HCAI recommends specifying that hospitals report HCAI’s All-Cause Unplanned 30-Day Hospital Readmission Rate for this measure.
- **The cesarean birth rate (NTSV)** from CMS requires time-intensive abstraction of sampled data.
 - HCAI recommends aligning the measure with the AHRQ Primary Cesarean Delivery Rate, Uncomplicated.

These measures are within the current capacity at California hospitals based on the data they currently collect and report. Additionally, the recommended measures can be effectively validated using the patient-level administrative data hospitals report to HCAI.

Evaluation of Core Quality Measures for All Hospitals

Needs more evaluation

- **Breast Feeding Rate:** CMS will remove breastfeeding rate from IQR program for All Hospitals and Children's Hospitals in 2024.
- **Sepsis Management:** During workshopping, concerns were expressed regarding sepsis management data collection and reporting.
- **Time in the ED without being seen:** most EHR systems do not currently record time for purpose of calculating ED wait time.
 - There are complexities associated with its implementation and will be challenging to report.
 - Further evaluation of the measure is needed before it is considered for inclusion.

Core Quality Measures for Children's Hospitals

Adopt As Recommended	Adopt With Modification	Needs More Evaluation
	<ul style="list-style-type: none">• Replace Child HCAHPS survey with scores of willingness to recommend the hospital• HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate (including the behavioral health measure)	<ul style="list-style-type: none">• NTSV Cesarean birth – birthing only• VBAC rate – birthing only• Breastfeeding – birthing only• Sepsis management

Evaluation of Core Quality Measures for Children's Hospitals

Adopt with modification

- **HCAHPS:** The only measure that provides insight into consumer experience. Workshopping did note limitations with the HCAHPS measure.
 - Replace Child HCAHPS survey with scores of willingness to recommend the hospital
 - Through workshopping, HCAI learned that children's hospitals were already collecting this data with a score that is readily available for them to report to HCAI
- **Readmission rates** for children's hospitals could be calculated based on the CMS IQR program methodology which would require extensive analytical skills at hospitals.
 - 44% of hospitals in the workshop survey rated their data analysis capability as “bare minimum/enough to process some required reports”.
 - HCAI recommends specifying that hospitals report HCAI's All-Cause Unplanned 30-Day Hospital Readmission Rate (including the behavioral health measure) for this measure.

Evaluation of Core Quality Measures for Children's Hospitals

Needs more evaluation

- **The cesarean birth rate (NTSV) and VBAC rate:** Only a few children's hospitals are birthing hospitals.
- **Breastfeeding rate:** CMS will remove breastfeeding rate from IQR program for All Hospitals and Children's Hospitals in 2024.
- **Sepsis management:** During workshopping, concerns were expressed regarding sepsis management data collection and reporting.

Core Quality Measures for Psychiatric Hospitals

Adopt As Recommended	Adopt With Modification	Needs More Evaluation
<ul style="list-style-type: none"> • Screening for metabolic disorders • 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 	<ul style="list-style-type: none"> • HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate in an inpatient psychiatric facility (IPF) 	<ul style="list-style-type: none"> • Timely transmission of transition record • TOB3: Tobacco Use Treatment Provided or Offered at Discharge and TOB-3a: Tobacco Use Treatment at Discharge • HBIPS-5: Patients discharged on multiple antipsychotic medications with appropriate justification. • HBIPS-2: Hours of Physical Restraint Use • HBIPS-3: Hours of Seclusion Use

Evaluation for Core Quality Measures for Psychiatric Hospitals

- Psychiatric hospitals have limited resources, and many do not have EHR systems.
- There are limitations in the ability to validate these data at the hospital level.
- HCAI is currently reaching out to psychiatric hospitals for feedback on the measures and their reporting capability.

HCAI recommendations

HCAI recommends adopting 18 measures for the Initial Report

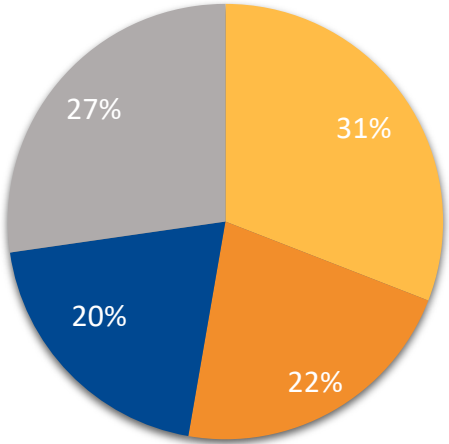
- Structural measures for all hospitals (5 recommended by HEMAC)
 - 3 adopt as recommended
 - 2 adopt with modification
 - 0 needs more evaluation
- Core quality measures for all hospitals (11 recommended by HEMAC)
 - 5 adopt as recommended (with AHRQ clarification)
 - 3 adopt with modification
 - 3 need more evaluation
- Core quality measures for children's hospitals (6 recommended by HEMAC)
 - 0 adopt as recommended (with AHRQ clarification)
 - 2 adopt with modification
 - 4 need more evaluation
- Core quality measures for psychiatric hospitals (8 recommended by HEMAC)
 - 2 adopt as recommended
 - 1 adopt with modification
 - 5 needs more evaluation

Stratification Required by Statute

- Age
- Sex
- Race/ethnicity
- Payor type
- Language
- Disability status
- Sexual orientation
- Gender identity

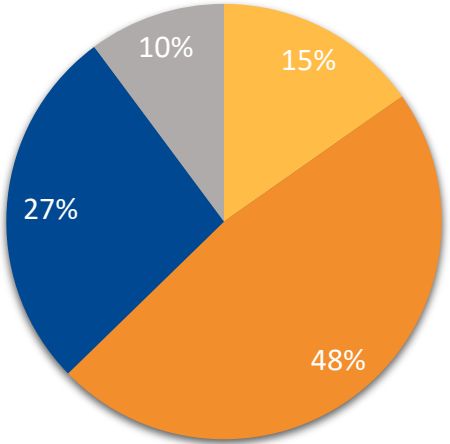
Data Collection Capability

Disability Status (n=50)



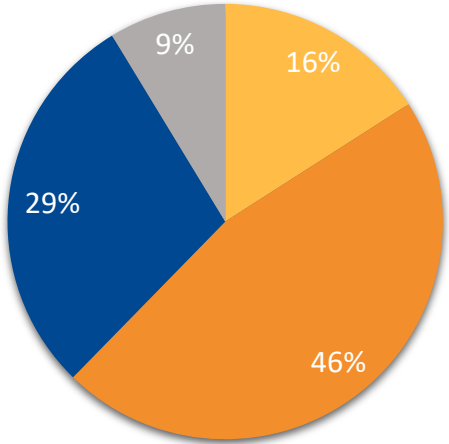
- 0-Do not collect
- 1-Capability exists but inconsistent collection
- 2-Consistently collect
- 3-Not sure

Sexual Orientation (n=47)



- 0-Do not collect
- 1-Capability exists but inconsistent collection
- 2-Consistently collect
- 3-Not sure

Gender Identity (n=57)



- 0-Do not collect
- 1-Capability exists but inconsistent collection
- 2-Consistently collect
- 3-Not sure

Stratification Required by Statute

- Age
- Sex
- Race/ethnicity
- Payor type
- Language
- Disability status*
- Sexual orientation*
- Gender identity*

Hospitals may need time and resources to establish the infrastructure to collect all stratification categories but should submit the information they have available.

Public Comment