

**Minutes**  
**Initiation Work Group, HSCRC**  
**Monday, Nov 21 2005**  
**8:45 -10 am**  
**Room 100, 4160 Patterson Avenue**  
**Baltimore, MD 21215**

**IWG Members Present:** Dr. Trudy Hall, Chair and HSCRC Commissioner; Ms. Barbara Epke, Lifebridge Health and Sinai Hospital; Dr. Linda Hickman, Chester River Hospital Center; Ms. Renee Webster, Office of Health Care Quality; Ms. Barbara Hirsch, Kaiser Foundation of the Mid-Atlantic States; Ms. Pamela Barclay, MHCC; Dr. Charles Reuland, Johns Hopkins Medicine; Dr. Beverly A. Collins for Dr. Jon Shematek, CareFirst BlueCross BlueShield; Dr. Vahé Kazandjian, Dr. Nikolas Matthes and Ms. Karol Wicker, Center for Performance Sciences; HSCRC Staff: Mr. Robert Murray, Mr. Steve Ports and Ms. Marva West Tan. On conference call: Dr. Maulik Joshi, Delmarva Foundation.; Dr. Kathryn Montgomery, University of Maryland School of Nursing; Ms. Marybeth Farquhar, AHRQ; Mr. Joseph Smith, MedStar-Union Memorial Hospital

**Interested Parties Present:** Ms. Katherine Hax, Kaiser Permanente; Ms. Ing-Jye Cheng; MHA; Ms. Charlotte Thompson, HSCRC; Mr. Don Hillier, Former HSCRC Chairman; Mr. Justin Deibel, Mercy Medical Center; Ms. Nancy Svehla, Center for Health Program Development and Management, University of Maryland, Baltimore County; Ms. Sylvia Daniels, University of Maryland Medical Center; Ms. Carol Christmyer, MHCC.

1. Welcome and Approval of Minutes- Ms. Tan welcomed the Work Group and attendees introduced themselves. The minutes from the October 21, 2005 meeting were approved as distributed.
2. Discussion Document- Dr. Vahé Kazandjian, CEO, Center for Performance Sciences (CPS), presented the Center's Discussion Document which had been distributed prior to the meeting and elucidated several points. (Refer to the Discussion Document for content.) Some of the points of emphasis that Dr. Kazandjian made were: outcome indicators, such as longer term functional status, while desirable to include in the measurement set, raise difficulties in appropriate definition and data collection but intermediate indicators, such as readmissions, might be included initially with other outcomes added in the future as better measures become available; structural indicators include infrastructure such as use of technology, knowledge sharing and communication; the unique implementation of APR DRGs in Maryland will aid in risk or acuity adjustment; and that use of data to make decisions impacting quality-based reimbursement increases the importance of assuring that there is good data quality. He noted that existing data audit mechanisms may need to be revisited for their adequacy. Dr. Kazandjian discussed some of the options for peer group analysis for rewards including using a normative threshold reflecting local Maryland performance, using a threshold based on standards, which would reflect current science, peer or cluster comparisons based on performance, pattern and trend or change over time analysis, and use of structural characteristics such as hospital size and volume. HSCRC has some experience with using peer grouping in the rate setting process. Dr. Kazandjian also noted the opportunities to build on or partner with the work being done by the Maryland Patient Safety Center, which has recently been awarded the John Eisenberg Award for innovative quality and patient safety activities. Dr. Kazandjian then asked the group for their reaction to the concepts presented in the discussion paper.

Dr. Hall and several Work Group members noted that Table I of the Discussion Document provided an excellent framework for consideration of possible measures. Ms. Cheng suggested that it would be helpful for the Work Group to also develop some guiding principles for the program. Dr. Kazandjian agreed and also noted that flexibility would be

needed so that the program, which is somewhat experimental in nature, could be updated and modified as more experience is gained and knowledge changes.

Regarding inclusion of patient and provider safety-related measures, Ms. Epke thought that both were important but initial attention probably should be on patient safety. She also noted that the activities of the Maryland Patient Safety Center might provide some focus for the HSCRC program. Dr. Collins suggested that the HSCRC might partner with some other physician organizations that are collecting quality data and noted some of the professional organizations with whom CareFirst has been working. Dr. Steinwachs raised some questions regarding the categorization of mortality as a continuous or categorical indicator. Dr. Murphy noted that soliciting feedback from the hospitals would be an important part of the program. The problem of low volume in small hospitals of conditions related to selected measures was noted. In regard to other possible indicator attributes to add to Table I, opportunity for improvement and potential impact were suggested. The need for the hospitals to have control over the processes that are measured was also stressed. Dr. Hall noted that patient factors, such as non-compliance, may be a factor in readmissions. Further discussion on desired attributes of measures was halted due to time constraints

3. Additional Comments – Dr. Hall requested that Work Group members provide other input on the measures, attributes of measures and/or the Discussion Document to Ms. Tan by December 5<sup>th</sup> so that input can be shared with Dr. Kazandjian prior to the December 9 meeting. Discussion of this input will continue at the next meeting.
4. Adjournment- The next meeting date was set and Dr. Hall adjourned the meeting at 10 am.

**Next Meeting-** The seventh meeting of the Initiation Work Group will be Friday, December 9, from 8:30 am -10 am at HSCRC, 4160 Patterson Avenue, Baltimore, MD 21215 in Meeting Room 100.