Minutes
Initiation Work Group, HSCRC
Tuesday, Jan 17, 2006
9am -10:40 am
Room 100, 4160 Patterson Avenue
Baltimore, MD 21215

IWG Members Present: Ms. Pamela Barclay, MHCC; Dr. Maulik Joshi, Delmarva Foundation; Dr. Laura Morlock, Johns Hopkins Bloomberg School of Public Health, Dr. Vahé Kazandjian, Dr. Nikolas Matthes, Mr. Frank Pipesh, 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. Linda Hickman, Chester River Hospital Center; Ms. Marybeth Farquhar, AHRQ; Ms. Wendy Kronmiller, Office of Health Care Quality; Mr. Joseph Smith, MedStar-Union Memorial Hospital; Dr. Charles Reuland, Johns Hopkins Medicine; Ms. Sylvia Daniels, University of Maryland Medical Center, Ms. Joanne Koterwas, St. Mary's Hospital.
Interested Parties Present: Ms. Katherine Hax, Kaiser Permanente; Ms. Ing-Jye Cheng; MHA; Ms. Charlotte Thompson, HSCRC; Ms. Kristin Geissler, Mercy Medical Center; Ms. Nancy Svehla, Center for Health Program Development and Management, University of Maryland, Baltimore County; Ms. Susan Nieto, St. Agnes Hospital; Ms. Mary Mussman, DHMH; Ms. Carol Christmyer, MHCC.

1. Welcome and Approval of Minutes- Mr. Steve Ports welcomed the Work Group. The minutes from the November 21, 2005 meeting were approved as distributed.
2. Guiding Principles Document- Dr. Vahé Kazandjian, CEO, Center for Performance Sciences (CPS), presented the Center's Guiding Principles Document which had been distributed prior to the canceled December meeting and elucidated several points. (Refer to the Guiding Principles Document for content.) He noted that these are principles for measure selection and at some future point there may be principles for evaluation and for determining incentives and rewards. Dr. Kazandjian then asked the group for their reaction to the concepts presented in the paper. Dr. Reuland suggested that some statement regarding costs of participation vis-à-vis the anticipated incentives should be added to the principles. Dr. Kazandjian said that this statement probably did not relate to measure selection but could be appropriate in a future set of principles for another portion of the project. A couple members questioned the use of the word "common processes" in the statement under bullet two and whether this meant that all measures must relate to a process or diagnosis seen at all Maryland hospitals which might be limiting. Pam Barclay suggested that it might be useful to start out with measures seen at all hospitals but at some point, for example, to consider OB or cardiac measures that do not occur at all hospitals. Dr. Kazandjian noted that peer grouping might be considered in the data collection as well as in the data analysis to address the issue that not all hospitals have a NICU, for example. HSCRC has some experience with using peer grouping in the rate setting process. Dr. Morlock had a question about the time frame for data collection and noted that longer time periods, such as three years, give greater stability and quality to the data, and generally permit smaller hospitals time to participate in most measures. Dr. Kazandjian noted that HSCRC has a yearly time frame for rate setting but that the data aggregation might extend over a longer time period. One person suggested that some statement should be added that the measures selected would be aligned with national objectives. Dr. Kazandjian also reviewed the Roles and Responsibilities and noted CPS's role in developing methodology.
3. Discussion of Comments- Dr. Kazandjian then discussed the member's comments that had been compiled and distributed for this meeting. (See Input compilation for comments.) He noted that the comments generally fell into three categories which he discussed:1.) adjustment, 2.) acceptance in the field or evidence-based, and 3.) other organizational sources for measures. Dr. Kazandjian noted that adjustments are methodological questions which will be addressed in the next go-around of measure selection. Regarding evidence-based, he noted

that comments seemed to indicate that there was more comfort with the evidence or the fact that data was already collected in Maryland with certain measures on Table 1 of the Discussion Document, such as those relating to AMI and pneumonia core measures, than others. The measure relating to patient falls seemed to be in a medium comfort zone, with members' agreeing that it is an important safety measure but with questions about adjustment and how to structure the definitions. There seemed to be less comfort around "neonatal mortality" even though this measure has been considered in Maryland for some time as part of regionalization of high risk maternal care and transfer. Peer groupings may be helpful with this measure. Readmission is another measure which raised questions about how to structure and adjust. The lack of an unique patient identifier in Maryland makes comprehensive collection and analysis of readmission data more difficult. Dr. Kazandjian noted that readmissions could be due to safety issues such as medication related which might be a way to focus this measure. Dr. Kazandjian finally noted that while there are other organizational sources of measures as those mentioned by Dr. Hickman, they might be more appropriate for a later phase of measurement development or addition.

The group then discussed the comments and Dr. Kazandjian's analysis. Dr. Matthes noted that Table I presented a framework and perhaps in the next step, a more comprehensive set of measures around a diagnostic group could be developed which would add more stability. Ms. Barclay asked about the usefulness of including those measures where there is already very high compliance in Maryland, such as aspirin on arrival for AMI. Dr. Kazandjian noted that a composite score will be developed so it might be important to look at measures with high compliance and what impact they had on the composite score. Dr. Joshi supported the idea of grouping measures around diagnostic groups and substratifying additional measures under a diagnostic category. He also wondered about adding a category of measures giving credit for participation in Maryland Patient Safety Center collaboratives, such as "safer practices for infection and complication prevention." Ms. Geissler advised against using "patient falls' as a measure because even with definitions, it is difficult to get consistent reporting within an institution and wondered whether reducing infections might be a better measure focus given the national attention on this measurement area. Dr. Kazandjian noted that patient falls is an critical patient safety issue which is important to consider at some point with the understanding that clearer definitions and better reporting could be encouraged. Dr. Morlock suggested that some other Healthcare Cost and Utilization Project (HCUP) risk adjusted mortality measures than those on Table I be considered. JHSPH has longitudinal data for 16 States on CHF, pneumonia and stroke mortality which they would be willing to share. Ms. Barclay wondered about including some of the Leapfrog measures such as CPOE implementation or use of intensivists. Mr. Murray noted that HSCRC is planning a separate but interrelated initiative regarding Health Information Technology and infrastructure support in conjunction with the Quality-based Reimbursement Initiative but on an earlier time line.

In conclusion, Dr. Kazandjian noted that 1.) patient falls may not be a priority for initial measures set, 2.) categories of measures will be established in next step, such as diagnosis related. 3.) a category of measures related to Maryland Patient Safety Center activities will be added, 4.) the next step will involve laying out some actual indicators, prevalence, definitions, specifications and data sources for proposed measures. CPS staff will coordinate with MHCC and HSCRC staff. All of this information for all measures may not be ready for next meeting but a sample of measures with this additional detail will be presented. Then, probably for the following meeting, the expert consultant on composite measure development will be invited to the meeting. CPS will confer with Dr. Morlock regarding the HCUPS data. Dr. Reuland added that he would not propose that any measure be tabled right now, but if appropriate risk adjustment can not be made, then a consideration to table a measure will be raised.

4. Additional Comments – Dr. Kazandjian requested that Work Group members provide other input on the measures, attributes of measures and/or the Discussion Document or Guiding Principles to Ms. Tan as soon as possible.
5. Adjournment- The next meeting date was confirmed and a February date discussed and Mr. Ports adjourned the meeting at 10:40 am.

Next Meeting- The next meeting of the Initiation Work Group will be **Friday, January 27, from 1-2 pm at HSCRC**, 4160 Patterson Avenue, Baltimore, MD 21215 in Meeting Room 100.