Minutes
Quality-Based Reimbursement initiative
Evaluation Work Group Meeting
July 22, 2008
8:30 AM to 10:00 AM
4160 Patterson Avenue
Baltimore, MD 21215

EWG Members present: Don S. Hillier, Former Chairman, HSCRC (Vice Chair); Pamela Barclay, MHCC; Barbara Epke, MPH, MA, LifeBridge Health System; Charles Reuland, ScD, Johns Hopkins Health System**;** Donald M. Steinwachs, PhD, Johns Hopkins Bloomberg School of Public Health; Renee B. Webster, DHMH; Robert Murray, Steve Ports, and Dianne Feeney, HSCRC.

EWG Members on by conference call: Robert Brooks, MD, PhD, MBA, Delmarva Foundation for Medical Care, Inc.; Beverly Collins, MD, MBA, CareFirst BlueCross BlueShield; Julianne R. Howell, PhD, Independent Technical Advisor, CMS; Ernest Moy, MD, MPH, AHRQ.

Interested parties present: Vahe Kazandjian, PhD, Carol Christmyer, Theressa Lee, Deme Umo, MHCC; Hal Cohen, Hal Cohen, Inc.; Ing-Jye Cheng, MHA; Samuel Ogunbo, Center for Performance Sciences; Jean Acuna, Mercy Medical Center.

Interested parties on by conference call: Grant Ritter, PhD, Brandeis University; Nikolas Matthes, Center for Performance Sciences; Gerry Macks, MedStar Health; Rena Litten, Western Maryland Health System; Gail Thompson, Kaiser Foundation Health Plan of the Mid-Atlantic States; Greg Vasas, CareFirst BlueCross BlueShield

- ***Welcome and introduction of EWG members and other participants-*** Don Hillier called the meeting to order and invited EWG members and interested parties joining the meeting in person and by conference call to introduce themselves.

- ***Review and approval of the June 11, 2008 meeting minutes -*** A motion to approve the minutes as submitted was made and seconded with unanimous approval.

- ***New measures discussion (refer to new measures discussion document July 16, 2008 draft)*** – Mr. Hillier asked that Dianne Feeney turn to the new measures draft discussion document and facilitate the group's discussion of, and input on, the specific measures. Ms. Feeney provided a brief overview of changes to the document from the July 11, 2008 draft. Ms. Feeney directed the group's attention to the process measure section of the draft discussion document where the group review last left off. Vahe Kazandjian noted that additional criteria for excluding measures from consideration for implementation in the shorter or longer term should include low sensitivity or specificity of the measure. Regarding the AHRQ hospital staff safety culture survey measure, Dr. Kazandjian noted that a score on the survey is not a static, fixed value, but one that may be measured periodically and

change over time, and the group agreed it should be categorized as a process measure.

The group noted the importance of evaluating measures of outcomes along with related processes and structures. Dr. Kazandjian noted that while outcome measures answer the "what" question, process measures answer the "why" question.

In light of the discussion, Mr. Hillier directed the group's attention to the outcome measures section of the draft discussion document. Measures excluded from current consideration and the rationale for excluding them were noted by Ms. Feeney and would be moved to the table in Figure 4 of the document and be reflected in the subsequent version of the new measures draft discussion document. Members of the group made general as well as specific comments during the course of reviewing the outcome measures on the table in Figure 3, as follows:

- ***Measures addressing specialty services provided by a subset of hospitals versus measures addressing services provided by all hospitals***
  - Dr. Kazandjian and Ms. Epke voiced the preference of selecting measures applicable to all hospitals, with Ms. Epke noting that these may include such measures as those of emergency care and critical care services.
  - Dr. Reuland alternatively noted that measures should not be automatically ruled out that address important specialty services for which quality would be improved with appropriate incentives.
  - NICU measures- Regarding the inpatient neonatal mortality measure, Ms. Epke noted this is a small volume measure and would only be relevant for a few Maryland hospitals. Dr. Reuland supported keeping the measure on the table for consideration as it may be important for hospitals providing relevant NICU services. Ms. Feeney added that approximately 13 Maryland hospitals have level III and above NICUs, and that all but two of them submit data for non-public quality reporting to the Vermont Oxford Network (VON) already; additional technical information regarding the VON data would be obtained and provided in subsequent meetings.
  - Cardiac surgery measures- Dr. Kazandjian noted that the unit of measure was the surgeon, not the hospital. Ms. Feeney noted that the measures were vetted and endorsed by the National Quality Forum for accountability at the hospital level, that there were ten Maryland hospitals providing these services, and that nationally 70% of hospitals submit data for quality reporting to the Society for Thoracic Surgeons; additional technical information regarding the STS data would be obtained and provided in subsequent meetings.
  - Hal Cohen noted that certain specialty services may be disproportionately provided to recipients of care under Medicaid, such as perinatal and psychiatric services, therefore, consideration should be given to measures addressing these specialty services.
- ***Measures of outcomes extending beyond the hospital stay***

- Using the cardiac surgery 30-day operative mortality measure as an example, Ms. Epke noted that measures of outcomes beyond the hospital stay are influenced by many factors outside the hospital's control, and should not be considered for implementation, at least for the short term.
- Bob Murray clarified, and Ms. Epke agreed, that the preceding statement did not apply to measures of potentially preventable readmissions.

- ***Volume measures***
  - Ms. Feeney noted that, in the previous meeting, George Chedraoui indicated there was literature to support volume measures as indicators of quality; additional research would be done on this and the results will be disseminated to the EWG.
  - Dr. Kazandjian noted that more recent literature did not support volume as a measure of quality for cardiac surgery.
  - Dr. Moy noted that, for the AHRQ mortality measures on the table that were paired with volume measures, they may be reasonably selected and reported without the volume counterpart measures.
  - Dr. Reuland noted that volume is important for certain highly complex, specialized procedures such as the Whipple procedure for treatment of pancreatic cancer.
- ***End of life care measures***
  - Ms. Feeney noted that the Governor's Health Quality and Cost Council has highlighted Dartmouth Atlas data on Medicare patients showing Maryland as an outlier state in providing high volumes of specialty services near the end of life.
  - Ms. Webster noted that the Office of Health Care Quality does on occasion receive complaints that advance directives are not followed by hospitals, that there is variation across the state dependent upon such factors as the availability of hospice services, and that this is problematic to adopt as a quality measure.
  - Dr. Howell added that, although there are no good measures for hospitals, Maryland hospitals hold a prominent place in the healthcare delivery system to identify this area as one of concern, and to take steps to educate about it internally and externally.
  - Ms. Epke added that, as a member of the Health Quality and Cost Council, she thought it was important to ask the Council for input on how hospitals may help improve this area.
- ***Complications of care technical issues***
  - Ms. Feeney noted that many of the AHRQ complication measures utilize the 3m APR DRG risk adjustment method; additional technical information about this risk adjustment approach will be provided to the EWG at subsequent meetings.
  - Mr. Murray noted that HSCRC staff will conduct data analysis using the 3m potentially preventable complications (PPC) methodology and the results will be present to the EWG for review, noting that the various complications may be aggregated in to an overall rate,

allowing for a leveling of the playing field for hospitals that provide different/various types of services.
  - Dr. Steinwachs noted that, in the interest of transparency, it may be desirable to have separate scoring on the various individual measures and categories of measures.
  - Dr. Kazandjian cautioned that the group should prefer to select measures of outcomes that relate to the selected processes of care, and that using multiple methods for scoring measures and translating scores into payment was not preferable as an overall index cannot be derived.
  - Mr. Murray noted that it is not a given that the QBR Initiative will aim to ultimately derive an overall index of all of the measures adopted.

Members of the group noted that clustering the related structural, process, outcome and patient experience measures by clinical or other related topical areas would be more helpful for the next round of review.

- ***Next meeting date and time*** – Mr. Murray noted there was a meeting of the group already scheduled for Monday, August 11, 2008 from 9AM to 10:30AM. Ms. Feeney noted that a revised draft of the discussion document reflecting the group's deliberations would be circulated prior to the meeting.

- ***Adjournment*** – Mr. Hillier adjourned the meeting at 10AM.