Minutes

Quality-Based Reimbursement initiative
Evaluation Work Group Meeting
November 7, 2008
9:00 AM to 10:30 AM

Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, MD 21215

EWG Members present: Trudy Ruth Hall, MD, (Chair); Don S. Hillier, Former Chairman, HSCRC (Vice Chair); Robert Brooks, MD, PhD, MBA, Delmarva Foundation for Medical Care, Inc.; Barbara Epke, MPH, MA, LifeBridge Health System; Wendy Kronmiller (for Renee B. Webster), OHCQ,DHMH; Charles Reuland, ScD, Johns Hopkins Health System; Beverly Collins, MD, CareFirst BCBS; Robert Murray, Steve Ports, and Dianne Feeney, HSCRC.

EWG Members on by conference call: Joseph Kelley, MD, CMS; George Chedraoui, IBM.

Interested parties present: Ing-Jye Cheng MHA; Theressa Lee and Carol Christmyer, MHCC; Donna Ryan, St. Joseph Medical Center; Hal Cohen, PhD.

Interested parties on by conference call: Nikolas Mathes and Sam Abumbo, CPS; Sylvia Daniel, University of Maryland Medical Center; Gerry Macks, MedStar Health; Melinda Bussard, WMHS; Mariana Lesher, Delmarva Foundation; Grant Ritter, PhD, Brandeis University.

- ***Welcome and introduction of EWG members and other participants-*** Trudy Hall 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 October 17, 2008 meeting minutes –***A motion to approve the minutes as amended was made and seconded with unanimous approval.

- ***Discussion of "topped off" measures plan and new candidate measures to be adopted-***Vahe Kazandjian, CPS and Grant Ritter, Brandeis University.

  Dr. Vahe Kazandjian noted that the issue of "topped off" measures is and will continue to be an issue in terms of considering new measures or different ways in scoring the measures in the QBR, since most providers are at the high end of the scale of performance and are grouped together at the top.

  Dr. Grant Ritter referred to the handout regarding the topped off measures, noting that CMS is considering changing the definition for "topped off," including the

coefficient of variation being less than 0.1. Adding this criteria, the following 6 measures remain topped off:

- AMI 1, 2, 4, 5.
- Smoking cessation for CHF and smoking cessation for pneumonia.

Regarding the measures close to "topped off:"

- change from pneumonia 5b measure, it will be replaced with 5c- antibiotics within 6 hrs.
- Surgical infection prevention 2- antibiotic selection

Potential new measures:

AMI 8a- timing of PCI (20 hospitals report this measure)

VTE 1-prophylaxis ordered for surgery patients, and VTE 2- prophylaxis given for surgery patients (19 hospitals report this measure)

Dr. Brooks noted the change of pneumonia 5b to 5c was clinically based to decrease inappropriate antibiotic use, and that there is wide variation on performance on the VTE 1 and 2 measures.

Dr. Kazandjian noted that the EWG members should consider the clinical and statistical implications for changing the measures or adding measures, adding that variation of performance and average levels of performance ought both to be considered.

Regarding Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)- Dr. Ritter noted that ~3200 IPPS hospitals participate in having their patients complete the HCAHPS surgery. For purposes of the CMS value based purchasing proposal, similar to the process measures, benchmarks and thresholds are used to determine a score. The HCAHPS score currently accounts for 30% of the total score and the process measures account for 70%. Dr. Ritter added that there is a lack of correlation between the process and HCAHPS scores, that there is regional variation patterns in the scoring, and urban hospitals tend to score better on the HCAHPS. Ms. Epke asked a clarification question about how the domain scores for HCAHPS are calculated, noting that she thought points are assigned in domains if "top box" is achieved, with scores of 1 and 2 or 9 and 10 being awarded points, and adding this may explain why Maryland hospitals are relatively low. Dr. Reuland asked whether HCAHPS measures were tightly clustered and nearing "topped off."Dr. Brooks noted that he was aware, for hospitals using the Press Ganey survey product, there tight clustering that ranged from 82% to 86%, but the differences between hospitals are significant.

Ms. Feeney noted that MHCC will add measures on the following schedule to their online performance guide so they are potentially likely to be the best next candidates to add to the QBR:

- VTE 1&2- January-March 2009
- HCAHPS- March-June 2009
- PCI timing- 2009

Ms. Epke agreed with adding the new MHCC process measures, and voiced concern about the regional variation for HCAHPS and also noted that there is a lack of correlation of HCAHPS with other survey tools such as Press Ganey's.

Dr. Kazandjian suggested that, from a methodologic perspective, there is not agreement in how to integrate the patient experience dimension in the near term, and that adding considering how to add the new process measures, and analyzing the issues of concern about the HCAHPS can be done in parallel with adding process measures and outcome measures, with Ms. Epke agreeing.

Dr. Hall, noted that some patient's perspectives are not necessarily linked to quality of care and that they may be related to the patient's baseline expectations or a bad outcome not related to the quality of the care provided.

Dr. Brooks noted that per IOM, patient experience is a separate domain of quality and one of six domains, adding that patient satisfaction is related to the service the patient receives, their perceptions, and their expectations.

Dr. Collins noted that health plans have been measured on the patient experience dimension for quite some time, and that it provides a broader and alternate picture of quality.

Dr. Cohen supported use of patient experience with the caveat that improvement in this domain is important to consider and measure.

Ms. Kronmiller noted that OHCQ does interface with patients and that negative perceptions are not always in line with poor quality of care, adding however that the concern about this domain may be overly considered.

- ***Discussion of POA data quality feedback to hospitals-*** Ms. Feeney noted that 5 hospitals were excluded due to insufficient quality of the POA data submitted. Hospitals have all gotten individual reports on their POA data and its quality.

- ***Discussion of HSCRC staff responses to comments received on 3M Potentially Preventable Complications (PPC) and Preventable Readmissions (PPR)-*** Mr. Murray noted that HSCRC was tracking the inputs and issues raised carefully and would be continuing to address the various concerns raised.

- ***Hospital regional in person meeting plan to vet PPCs and PPRs detailed definitions and assignment and exclusion logic-***Ms Cheng and Ms. Feeney noted meetings would be scheduled to vet the clinical and exclusion logic of the PPCs and PPRs over the next couple of months.

- ***Update on PPC chart validation audit plan in Maryland-*** Ms. Feeney noted the audit replicating the study in New York to determine if there is a correlation of care quality concerns and a PPC occurrence for heart failure and sepsis PPCs. Dr. Reuland asked whether the validation study would first identify if the PPC occurred

and then look at quality of care concerns in the presence of a true PPC, and if the report on the study would include both components, noting that clinicians have very little tolerance for false positives. Ms. Feeney responded that both aspects would be reported out as a result of the study.

- ***Other business***- Mr. Murray noted that HSCRC now has 1 year of POA data and would be analyzing the PPRs and PPCs, noting that staff's bias is to look at rates of variation and look at outliers to expected performance, and consider other factors to incorporate in the analysis such as stratifying data by hospital peer groupings, socioeconomic status of patients, etc.

  He added that staff would determine the best date and notify the group of the next meeting.

- ***Adjournment***- The meeting was adjourned at 10:20AM.