Minutes
Initiation Work Group, HSCRC
Friday, February 8, 2008
10:00 – 11:20 AM
Room 100, 4160 Patterson Avenue
Baltimore, MD 21215

IWG Members Present: Dr. Trudy Ruth Hall, Dr. Charles Reuland, Johns Hopkins Health System; Ms. Pamela Barclay, MHCC; Dr. Vahe Kazandjian, Center for Performance Sciences; Dr. Grant Ritter, Brandeis University; Ms. Barbara Epke, LifeBridge Health; Dr. Donald Steinwachs, Johns Hopkins Bloomberg School of Public Health; Ms. Kathy Talbot, MedStar Health; Ms. Mariana Lesher, Delmarva Foundation (Maryland QIO); Ms. Joan Gelrud, St. Mary's Hospital; Mr. Robert Murray, and Mr. Steve Ports, HSCRC.

IWG Members on conference call: Ms. Beverly Collins, CareFirst; Mr. Frank Pipesh, Center for Performance Sciences;

Interested Parties Present: Mr. Paul Sokolowski, MHA; Ms. Kristen Geissler, Navigant Consulting; Mr. Craig Weller, Delmarva Foundation; Mr. Don Hillier, IWG subcommittee; Ms. Jean Acuna, Mercy Medical Center; Ms. Mary Whittaker, GBMC; Ms. Carol Christmyer, Mr. Deme Umo, Ms. Deborah Rajca, Mr. Rod Taylor, and Ms. Theressa Lee, MHCC; Mr. Hal Cohen, HCI; Mr. Greg Vasas, CareFirst; Cynthia Saunders, Oscar Ibarra and Claudine Williams, HSCRC.

Interested Parties on Conference Call: Mr. Gerry Macks, MedStar Health; Ms. Rena Litten, Western Maryland Health System; Ms. Karol Wicker, Center for Perfomance Sciences; Ms. Sylvia Daniels, University of Maryland Medical Center.

I. **Welcome and Introductions:** Mr. Robert Murray welcomed the work group and asked telephone participants to introduce themselves. Mr. Steve Ports inquired as to whether there were any changes to the minutes from the previous work group meeting. There were no changes, and the minutes were approved unanimously.

II. **Summary of the February 6, 2007 Meeting of the IWG Subcommittee:** Mr. Steve Ports summarized the recent activities of the Initiation Work Group Subcommittee. He stated that the subcommittee had been expanded to include Mr. Henry Franey (CFO, University of Maryland Medical Center), Mr. Don Hillier (former HSCRC Chairman), and Mr. Marty Basso (Senior VP of Finance, Suburban Hospital). At the meeting, Mr. Hal Cohen observed that there were no AMI scores for a hospital that one would expect to have enough cases to be scored. Dr. Ritter explained that this could be caused by a high exclusion rate if the hospital tends to transfer out a lot of cases. Mr. Steve Ports inquired as to whether the data could be analyzed for patterns of exclusion, and Dr. Ritter replied that it was unclear. Ms. Traci Phillips inquired as to whether there will be fewer exclusions in the future. Ms. Mariana Lesher replied that it was unlikely that there would be fewer exclusions in the future as the measures are already well-developed. Ms. Lesher also reported that she had requested the data from the first three quarters of 2007 but was unsure as to when the data would be received. Mr. Chuck Orlando requested that the analyses be re-run without peer grouping, and Dr. Ritter agreed to do this. Ms. Phillips inquired as to whether the difference between the medians for each peer group was statistically significant. Dr. Ritter replied that it was not. Mr.

Ports noted that it was not necessary to use peer grouping in the analysis due to the fact that all of the measures are process measures. Dr. Vahe Kazandjian added that there did not appear to be an statistical benefit to peer grouping. Mr. Chuck Orlando expressed an interest in seeing whether there was any correlation between a hospital's score and the number of measures it reports on. Dr. Ritter replied that there was no correlation but added that if you cut the number of measures off at about ten, then it is is possible to obtain a correlation. Dr. Ritter also explained that CMS was using the higher of the attainment and improvement scores to prevent "double-dipping." Dr. Kazandjian commented that it would be possible to use both scores by employing a weighting system but added that this would reduce transparency.

III. Analysis of Maryland data from the QIO Clinical Data Warehouse using Appropriateness of Care Model and Peer Grouping: Dr. Ritter explained that under the appropriateness of care model only one scale is used and there is only one score per diagnostic group rather than one score per quality measure. Dr. Ritter added that there are no topped-off measures in the appropriateness of care model. He also pointed out that more hospitals are able to report scores because it is only necessary to have ten patients per diagnostic group rather than ten patients per quality measure. He concluded his introductory remarks by stating that the opportunity model and the appropriateness of care model yield very similar results.

Dr. Ritter described the results of the appropriateness of care model, noting that the points it awarded for attainment were not normally distributed and the points it awarded for improvement were skewed to the right. When the two sets were combined by taking the higher of attainment and improvement for each hospital, the appropriateness of care model yielded a more normal distribution of points.

Dr. Kazandjian commented that topped-off measures are a sign of good performance. Dr. Ritter stated that under the opportunity model, if a hospital has greater than 17 measures it has a better chance of scoring more points. This is because there is a greater likelihood of the hospital reporting on the topped-off measures, which are the easiest measures to obtain points on. He stated that one way to alleviate this problem is to be careful about which measures are treated as topped-off. He noted that the smoking cessation measures are particularly problematic for some of the smaller hospitals. Dr. Kazandjian suggested that as reporting improves, this issue may disappear.

Ms. Barbara Epke inquired as to how long the data lag is. Mr. Murray reported that when the system goes into effect, it should be less than six months.

IV. Preliminary HSCRC Draft Recommendations: Mr. Murray presented the HSCRC's draft recommendations and solicited comments on them. Ms. Kathy Talbot inquired as to whether any measures had changed since December. It was noted that some of the measures had changed, and Mr. Murray stressed the need to define them precisely. Ms. Sylvia Daniels noted that when the measures were changed, they were given new identifying numbers. Ms. Mariana Lesher noted that the measures are likely to continue to change. Dr. Don Steinwachs wondered whether there was a way to "harmlessly" alter the measures while the system is in place. Mr. Murray stated that there would need to be further discussion of this

issue. Ms. Epke added that it would be necessary to discuss the introduction of new measures as well.
Ms. Kathy Talbot inquired as to whether there was any way to control for concave improvement. Dr. Ritter replied that there are techniques to correct for this, including using a three-year average as the baseline. Ms. Talbot stated that she would like to keep the issue on the table.

Mr. Charlie Reuland stated that he thought the draft recommendations were a good first effort but that he would like to see more of a plan for the future. He added that he would like to see the work group explain the process for adding new metrics and incorporating risk adjustment and peer grouping. Mr. Murray responded that he did not think that the draft recommendations precluded further adjustments to the model. Dr. Kazandjian noted that adding outcome measures would bring all of these issues to the forefront but adding new process measures would not. Ms. Epke commented that these issues might best be handled by the evaluation work group when it is created. Mr. Murray replied that it may be time to start looking at setting up the evaluation work group. Ms. Pamela Barclay stated that it might be valuable to stress the preliminary nature of the recommendations.

Ms. Joan Gelrud inquired about whether peer grouping might be utilized in the future. Dr. Ritter replied that it was possible but added that peer grouping may not be the correct fix to the disadvantage faced by hospitals that report on fewer than 17 measures.

Mr. Charlie Reuland expressed his opinion that issues regarding what data are reported by hospitals and whether that data is made public should continue to be discussed by the work group throughout the process. Mr. Murray requested that Mr. Reuland and other participants email him specific ideas they might have and added that he would incorporate those ideas when he redrafts the recommendations for the next meeting.

V. **Other Business:** There was no other business.

VI. **Next Meeting Date:** The next meeting was set for February 22, 2008 at 9:00 AM.

VII. **Adjournment:** The meeting was adjourned at 11:20 AM.