Inpatient Quality Reporting In Colorado

Sept. 2005 HCUP User Group Meeting

Background

- Demand For Transparency and Accountability
- By 2003 Hospital Quality Reporting Is Becoming Common Place – Most Notably Among Health Plans
- Methodologies Vary Widely Hospitals Can't Authenticate Results
- Autumn 2003 CHA Board Begins to Consider Voluntary Public Reporting

Principles

- Broad Based Effort Not Just Hospitals
- Reliable Proven Methodology
- Risk Adjusted
- Open Methodology Available To Hospitals
- Common Data Source Available To Hospitals
- Report Trends Over Time
- Applicable To Both High and Low Volume Hospitals
- Long Term Effort

Performance and Quality Coalition

- Colorado Health and Hospital Association
- Colorado Hospitals Quality Managers
- Colorado Business Group on Health
- Colorado Medical Society
- Colorado Department of Public Health and Environment
- Centers for Medicare and Medicaid Services
- Colorado Foundation for Medical Care (QIO)
- Colorado Association of Health Plans
- Business Council on Health Care Competition
- Physician Health Partners
- Colorado Health Institute

What To Report

- Patient Experience Measures No Standardized Data
- Capabilities Measures Leapfrog
- Process Measures CMS
- ✓ Outcomes Measures AHRQ Tools

Focus on Higher Volume Indicators for Public Report

- Mortality Rates For Conditions
 - ✓ Acute Myocardial Infarction (AMI)
 - AMI Without Transfer

 - Gastrointestinal Hemorrhage
 - ✓ Hip Fracture
 - ✓ Pneumonia
 - ✓ Stroke
- Mortality Rates For Procedures
 - Abdominal Aortic Aneurysm Repair (AAA Repair)
 - ✓ Coronary Artery Bypass Graft (CABG)
 - Esophageal Resection

 - Pancreatic Resection
 - Pediatric Heart Surgery

 - Percutaneous Transluminal Coronary Angioplasty (PTCA)
 - ✓ Carotid Endarterectomy (CEA)

- Hospital-level Procedure Utilization Rates
 - Cesarean Delivery
 - Primary Cesarean Delivery
 - Vaginal Birth after Cesarean Section (VBAC) – Uncomplicated
 - VBAC All
 - Incidental Appendectomy in the Elderly
 - Bi-lateral Cardiac Catheterization
 - Laparoscopic Cholecystectomy
- Hospital-level Volumes
 - Esophageal Resection
 - Pancreatic Resection
 - Pediatric Heart Surgery
 - 🗹 AAA Repair
 - ✓ CABG
 - ✓ PTCA
 - 🗹 CEA

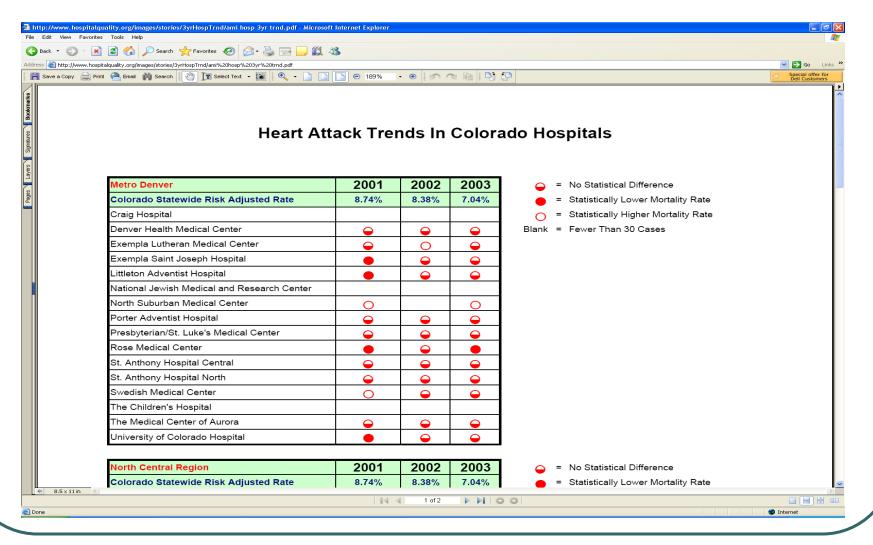
Smaller Volume Hospitals

- Need At Least 30 Cases For Statistical Validity
- For Hospitals w/ Less Than 30 Cases
 Combine All Three Years

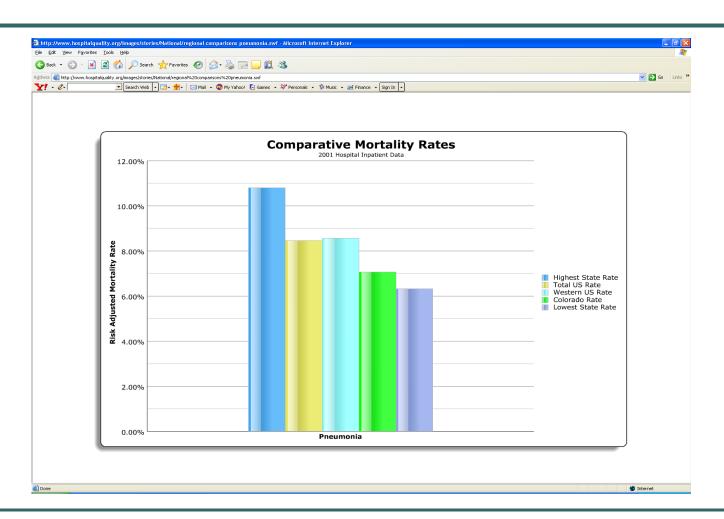
The Reports

- Start w/ Consumer Oriented Formats
- Use Common Language (Heart Attack vs AMI)
- Provide Context
- Included Detail For Those That Need It

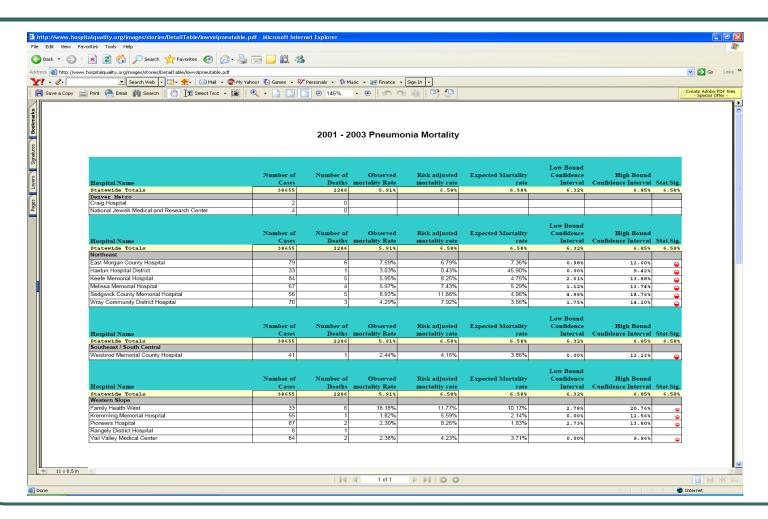
"Consumer Reports" Format



Context



Detail



Publication

- Hospitals Received Reports 6 mos. In Advance
- Series of Education Programs 2 Weeks Prior to Publication (Hospitals, Physicians, Payers, Press)
- Hospital's Prepared Communication Tools
- Joint Press Conference April 4, 2005 w/ CMS and QIO
- Coordinated w/ CMS Process Indicators
- Emphasis On Heart Attack, Heart Failure and Pneumonia

Small Splash | Wide Ranging Ripples

- Initial Intense State Wide Coverage
- Print As Well As Broadcast Media
- Some National Coverage Including Modern Health Care and Wall Street Journal
- No Fire Storm Probably Result of Communications Plan
- Continued Interest

Next Steps

- Publish 2004 Data In Autumn 2005
- Share Learnings / QI Initiatives Among Hospitals
- Opportunities Related To Best Practices
- Look At Care Prior To Hospitalization (PQIs)