

Quality Reporting Initiatives: State Trends and Issues

AHRQ Quality Indicators Users Group Meeting

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NAHDO Outline

- State Hospital Reporting Systems Overview
 - What they are
 - Who they are
 - How they vary
- What's driving state quality measurement today?
 - Transparency and patient safety laws
 - NAHDO Survey of state use of national measures
 - NAHDO's response to quality reporting trends
- Summary and future directions

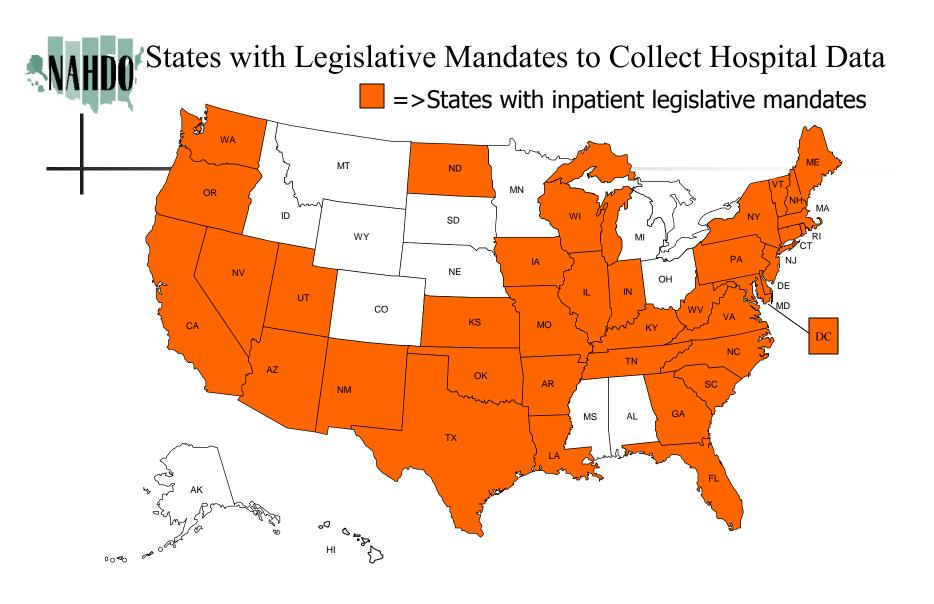


NAHDO Attributes of 48 Statewide Hospital Reporting Systems

- Collect hospital discharge data from acute care hospitals, expanding to non-inpatient data over time
- Collect data based on the national uniform billing standard (the minimum)
 - Some states enhance or collect additional data elements
- Standardize individual hospital data into a statewide analytic file
- Make the data available to multiple users for multiple uses (research, market, policy)
- Locally funded
- Thirty-eight states supply discharge data to AHRQ's Healthcare Cost and Utilization Project (HCUP)

Inpatient hospital discharge data....

...are all-payer data (including self and uninsured) for all patients admitted to acute care (non-federal) hospitals in the state for a fiscal/calendar year/or quarterly periods, and collected into an annual data base. Records are collected **by hospitalization**, not by individual, and are represented at the discharge level rather than as aggregated statistics.



Overview: States vary in their approaches to data collection

- Three models of statewide data collection systems¹:
 - Provider-driven (voluntary data collection by hospital associations)
 - Payer-driven (collection/use of data by purchasers/payers for negotiation, P4P)
 - State-compelled (mandated collection by states or their delegated agent)
- All may result in public information at some level
- State agencies are more likely to have public reporting as their primary or major mission

¹ National Association of Health Data Organizations, Love, Paita, Custer

Issues Related to Data Collection

- Legislative scope varies:
 - Data suppliers: broad to encompass a range of data suppliers or specific (inpatient, ambulatory surgery, ED, only)
- Funding sources vary (appropriations, assessments)
- Legislation may dictate a process or may not
 - Governance: Data commissions or advisory bodies
 - Delegated authority (hospital association or other third party)
- Data content:
 - Hospital billing standard or as defined by state
 - May prohibit collection of certain data elements (patient, physician identifier, non-billing elements)

Issues Related to Data Management and Technical Capacity

- Individual hospitals vary in standards and formats, requiring state agencies to standardize to a common state format
- States vary in their submittal formats and standards for required hospital reporting
- States vary in their data quality provisions and requirements
- Data agencies are chronically underfunded



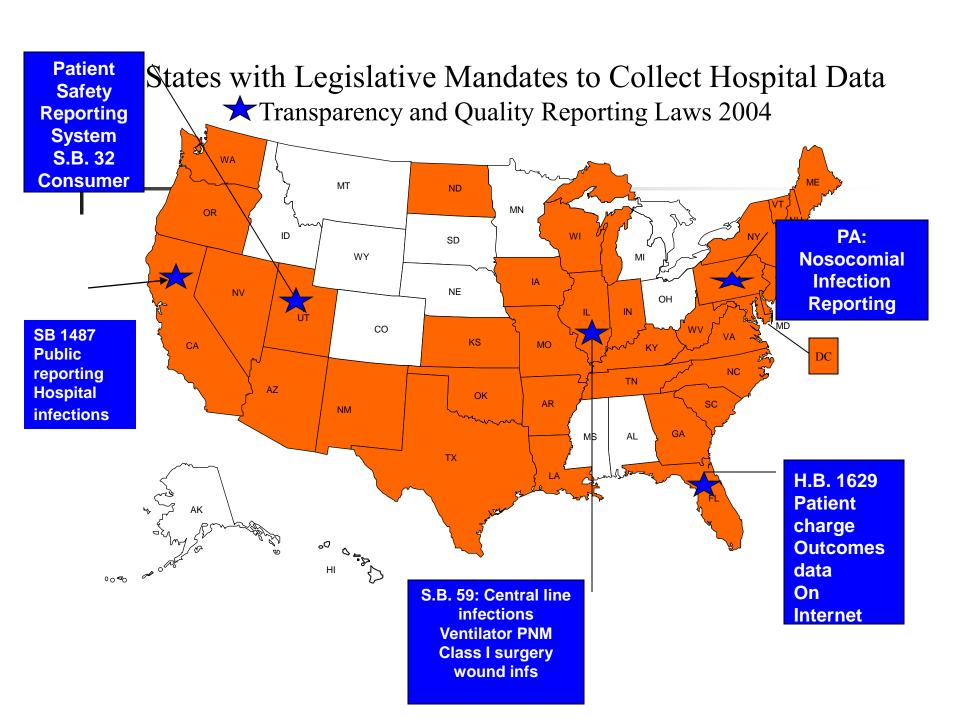
- Strengths
- Readily available
- Politically feasible, low reporting burden
- Relative uniformity across providers
- Reflect provider reimbursement
- Can be enhanced with additional data

- Limitations
- Lack clinical detail
- Coding variation and bias
- Lags in timeliness



Issues Related to Data Dissemination

- Legislative disclosure provisions vary:
 - Some states prohibited from releasing hospital identifiers
 - Other states are charged with releasing consumer-friendly cost and quality comparative reports
 - Severity adjustment methodologies may be legislatively required
- State analytic capacity varies, affecting the level of dissemination activities



NAHDO's Quality Reporting Workgroup

- Formed in response to increased requests for legislative and technical guidance around quality reporting initiatives
- To promote the use of administrative data for the public reporting of quality and respond to emerging demands for new measures for states (quality outcomes, efficiency, etc.)
- Building on 20 years of experience with stateto-state mentoring, knowledge transfer of lessons learned

NAHDO Quality Reporting Workgroup: Survey

- Are you legislative mandated to provide consumer information on hospitals?
- What quality measures are you/will you plan to publish?
 - AHRQ IQIs—all or select
 - AHRQ PSIs—all or select
 - CMS Measures—all or select
 - NQF measures—all or select
 - State-specific measures (outcomes reports)
 - Level of reporting and audience for reports

NAHDO Quality Reporting Workgroup: Survey

- Surveys distributed (46)
- Surveys completed (33)
- 25 States, 4 Hospital Associations, 4
 Other Users (employer coalition, private agency, researcher)

AHDOAHRQ Inpatient Quality Indicators (IQI) by States (all or select)

	Uncertain	Public report	Internal/ QI only	Total
State agency	3	10	3	16
Hosp Assn			2	2
Other agency	2		1	3
Total	5	10	6	21

AHDOAHRQ Patient Safety Indicators (PSI) by States (all or select)

	Uncertain	Public report	Internal/ QI only	Total
State agency	2	7	3	12
Hosp Assn			3	3
Other agency	1	1	1	3
Total	3	8	7	16

CMS Core Measure Use by States (all or select)

	Not Used	Used	Total
State agency	11	3	14
Hosp Assn		1	1
Other agency		2	2
Total	11	6	17

Unique challenges to quality reporting by states

- States release comparative quality information in a political environment
 - Either must adopt defensible scientific methodology or make conservative assumptions
- Examples of reporting decisions:
 - Small numbers issues
 - Interpretive issues (better/worse, higher/lower)
- Purchasers demanding outcomes and cost information from states

Summary

- There is an increased interest in public reporting on all aspects of health care, not just hospitals
- States are moving to the model of administrative data for data collection for reasons of cost and availability
- Process measures avoid the outcomes/risk adjustment issue but are not sufficient for most state reporting agendas
- States are prepared to tweak/augment administrative data



What can the scientific community do?

- Continue to develop standardized, evidence based measures, including non-inpatient administrative data
- Increase technical assistance and tools for states
- Join NAHDO and others to advocate for national standards to improve administrative data:
 - ICD-10
 - Present on Admission/Arrival indicator
- Guidance for evidence-based data element enhancements to administrative data
- Support your local health data agency to assure continued data availability and funding



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