



Selecting Measures

AHRQ Quality Indicators (QI) Learning Institute

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Agenda

- Welcome
- Selecting measures that are salient to consumers
- Assessing evidence to support selection of measures
- Data considerations in comparative reporting
- State experiences with selecting measures
- Questions and discussion



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Tentative Schedule

Orientation:

October - Designing Your Reporting Program

Measures/Data/Analysis:

Today - Selecting Measures & Data

December - Key Choices in Analyzing Data for the Report

January - Classifying Hospitals

Reporting/Disseminating/Promoting:

February - Displaying the Data

March - Web Site Design & Content

April - Marketing & Promoting Your Report

Evaluation:

May - Evaluation of Public Reporting Program

Closing:

June - Highlights From the Learning Institute

Polling Results

What are your priorities for improving quality reporting activities in your State? (Choose all that apply.)

- 72% Setting: hospital/inpatient care
- 68% Health-care-acquired infection reporting
- 52% Enhancing administrative data (e.g., lab data)
- 40% Reducing burden on the provider
- 40% Additional settings (outpatient/episodes)
- 20% Setting: individual physician care
- 16% Setting: group/practice care
- 16% Other
- 12% Population: pediatrics
- 12% Population: elderly
- 4% Population: mental health



Polling Results

Please check which best describes your public reporting program:

- 48% Voluntary
- 31% Legislative Mandate
- 14% Other
- 7% Organizational Mandate
- 0% Government Requested

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Consumers

- In choosing measures to be reported, take into account that the best measures:
 - Are relevant to the healthcare-related concerns of the consumer audience
 - Demonstrate variation and reflect care that those who are being measured can impact
 - Provide information that reflects the overall quality of care provided by the institutions included in the report
 - Can be easily understood and accurately interpreted by a lay audience

Consumers

- Relevance:
 - Condition specific measures
 - Cross cutting measures (e.g. patient experience measures, patient safety measures)
- Understanding is a prerequisite to perceived relevance
 - Labeling
 - Explaining process measures

Consumers

- Maximizing accurate interpretation
 - Clarifying whether to look for a high or low score
 - Giving people a meaningful “comparator” when they look at scores
 - Pointing out the limitations and best use of certain measures, such as:
 - Rare events
 - Volume measures



Poll Question #1

What aspects of quality do you think are most salient to consumers? (Please choose two.)

- Safety
- Access/timelines
- Clinical effectiveness
- Mortality and other outcomes
- Cost/efficiency
- Equity
- Patient experience
- Other



Questions

If you would like to pose a question to any of the speakers, please post it in the Q&A box on the right-hand side of your screen and press send.



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National Quality Forum (NQF)

- Four conditions must be met before proposed measures may be considered:
 - The measure is in the public domain
 - There is an identified responsible entity and process to maintain and update the measure
 - The intended use of the measure includes both public reporting and quality improvement
 - Measures should be fully developed and tested
 - Time-limited endorsement if testing will be completed within 24 months



National Quality Forum

- Candidate measures are evaluated for their suitability based on four sets of standardized criteria
 - Importance to measure and report
 - Significant gains in quality, variation in or overall poor performance
 - Scientific acceptability of measure properties
 - Produces consistent (reliable) and credible (valid) results
 - Usability
 - People understand the results and are likely to find them useful for decision-making
 - Feasibility
 - Available, retrievable without undue burden



AHRQ QI Guide to Comparative Reporting

- User tool to select indicators
- Indicators assigned to four tiers based on evidence
- Gaps assessed for the following areas:
 - Importance
 - Face Validity
 - Coding/Criterion Validity
 - Risk Adjustment



Survey of Evidence

■ Literature

- Present on admission (POA), coding validity, preventability, correlation with cost, length of stay (LOS) or other indicators, impact of QI programs

■ AHRQ Validation Activities

- Chart review of coding validity
- Clinical Panel Review

■ National Quality Forum review

■ Examination of potential improvements

AHRQ QI Tiering

- Indicator Tiering: Based on the current evidence and identified gaps, the indicators are assigned to one of four tiers.
 - Tier 1: Minor or no evidence gaps
 - Tier 2: Moderate evidence gaps
 - Tier 3: Significant evidence gaps, but addressable
 - Tier 4: Significant evidence gaps, but addressable only with material resources

Tier 1

- Minor or no evidence gaps
 - 1B Serious reportable events
- Most suitable for comparative reporting/public accountability
- Strongest evidence base
- Established evidence in several areas
- No substantial evidence against use for comparative reporting
- Most endorsed by the National Quality Forum

Tier 2

- Moderate evidence gaps
- Users may choose to utilize these indicators for comparative reporting
- Some supporting evidence for use
- Some minor evidence gaps
- Indicator would be stronger with some additional evidence
- Most not currently endorsed by the NQF

Tier 3

- Significant evidence gaps , but addressable
- Not currently suitable for comparative reporting, pending further development
- At least one serious evidence gap or concern
- Further development and validation work has been identified
- Once further work is completed, indicators will be re-assigned to another tier
- Indicators not currently endorsed by NQF

Tier 4

- Significant evidence gaps, and addressable only with material resources
- Substantial gaps in evidence for use in comparative reporting
- Gaps unlikely to be addressed with further development or validation
- Not recommended for comparative reporting
- Indicators are not currently endorsed by NQF

Tier 1 Indicators

- Inpatient Quality Indicators (IQIs)
 - Esophageal Resection Volume (#01)*
 - Pancreatic Resection Volume (#02)*
 - Abdominal Aortic Aneurysm (AAA) Repair Volume (#04)*
 - Esophageal Resection Mortality (#08)*
 - Pancreatic Resection Mortality (#09)*
 - Abdominal Aortic Aneurysm (AAA) Repair Mortality (#11)*
 - Acute Myocardial Infarction (AMI) Mortality (#15 and #32)
 - Chronic Heart Failure (CHF) Mortality (#16)*
 - Acute Stroke Mortality (#17)*
 - Hip Fracture Mortality (#19)*
 - Pneumonia Mortality (#20)*
 - Incidental Appendectomy in the Elderly (#24)*
 - Bi-lateral Catheterization (#25)*



Tier 1 Indicators

■ Pediatric Quality Indicators (PDIs)

- Accidental Puncture or Laceration (#01)*
- Decubitus Ulcer (#02)*
- Iatrogenic Pneumothorax (#05)*
- Pediatric Heart Surgery Mortality (#06)*
- Pediatric Heart Surgery Volume (#07)*
- Postoperative Wound Dehiscence (#11)*
- Blood Stream Infection in Neonates (#02)*

■ Patient Safety Indicators (PSIs)

- Death among Surgical Inpatients with Treatable Serious Complications (#04)*
- Iatrogenic Pneumothorax (#06)*
- Postoperative Hip Fracture (#08)
- Postoperative Wound Dehiscence (#14)*
- Accidental Puncture or Laceration (#15)*
- Obstetric (OB) Trauma with and without Instrument (#18 and #19)



Tier 1B Indicators

■ PSIs

- Death in Low Mortality Diagnosis-related groups (DRGs)*
- Transfusion Reaction
- Foreign Body Left in During Procedure

■ PDIs

- Transfusion Reaction
- Foreign Body Left in During Procedure



Tier 2 Indicators

- IQI
 - Hip Replacement Mortality (#14)
- PDI
 - Iatrogenic Pneumothorax in Neonates
 - Postoperative Hemorrhage or Hematoma (#08)
 - Postoperative Respiratory Failure (#09)
 - Postoperative Sepsis (#10)
- PSI
 - Postoperative Hemorrhage or Hematoma (#09)
 - Postoperative Physiologic and Metabolic Derangement (#10)
 - Postoperative Respiratory Failure (#11)
 - Postoperative Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE) (#12)*
 - Postoperative Sepsis (#13)
 - Birth Trauma (#17)*



Tier 3 Indicators

■ IQIs

- Coronary Artery Bypass Graft (CABG) Mortality (#12)
- Craniotomy Mortality (#13)
- Gastrointestinal (GI) Hemorrhage Mortality (#18)

■ PDIs/NQIs

- Hospital Acquired Vascular Catheter Related Infections (#12)
- Neonatal Mortality

■ PSIs

- Decubitus Ulcer (#03)
- Hospital Acquired Vascular Catheter Related Infections (#07)



Tier 4 Indicators

■ IQIs

- CABG Volume (#05)
- Percutaneous Transluminal Coronary Angioplasty (PTCA) Volume (#06)
- Carotid Endarterectomy Volume (#07)
- Cesarean Delivery (#21 and #33)
- Vaginal birth after caesarean (VBAC) Delivery (#22 and #34)
- Laparoscopic Cholecystectomy (#23)
- PTCA Mortality (#30)
- Carotid Endarterectomy Mortality (#31)

■ PSIs

- Complications of Anesthesia (#01)
- OB Trauma-Cesarean Delivery (#20)



Applying Guidance to your Own Report

- Guidance document is one source of information
- Users need to weigh their own situation to select indicators
 - Tier 2 indicators may be more useful for some purposes than others



Poll Question #2

Are you currently using the AHRQ QI for public reporting?

- Yes
- No

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Data Considerations

- Data availability
 - Number of reported diagnosis and procedure codes
 - Reporting of e-codes
 - Present on admission
 - DNR (do not resuscitate), reporting of v-codes
- Data definitions
 - Admission source (point of origin)
 - Admission type (definition of “elective”)



Poll Question #3

What concerns about quality indicators do you most frequently receive from providers? (Choose all the apply.)

- The indicator is not clinically important
- The patient(s) did not have the outcome of interest
- The risk adjustment is not adequate
- The outcome is not preventable
- The results are not consistent with other sources of information
- The methods used are not understandable
- Collection of the measure is too burdensome
- Other

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Ohio Department of Health

Hospital Performance Measure Selection

Michele Shipp, MD, MPH, DrPH

HOUSEBILL 197

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❑ **HB 197 became law in November 2006**

Requires Ohio hospitals to report performance measure data to the Ohio Department of Health for the purpose of public reporting

❑ **Required Measure Sets**

- Centers for Medicare and Medicaid Services (CMS)
- The Joint Commission (JC)
- National Quality Forum (NQF) endorsed measures
- Agency for Healthcare Research and Quality (AHRQ)

Creation of Advisory Council

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A Hospital Measures Advisory Council was created by statute and consisted of:

- ❑ Director of Health (Council Chair)
- ❑ Two members of the House of Representatives
- ❑ Two members of the Senate
- ❑ Superintendent of Insurance
- ❑ Executive Director of the Commission on Minority Health
- ❑ Representatives from several agencies

Creation of other Groups

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Mandated Groups

- ❑ A Data Expert Group
- ❑ An Infection Control Group

Ad Hoc Groups

- ❑ The Advisory Council created Pediatric and Perinatal workgroups

Process for Measures Selection

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- ❑ Data Expert Group monthly meetings
- ❑ Creation of set criteria as guidelines
- ❑ Examination of measure specifications
- ❑ Selection of measures
- ❑ Recommendations to Advisory Council on selected measures

Measure Selection Criteria

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❑ Importance

- Do the measures reflect unequivocally important aspects of patient care?

❑ Preventability

- Can a poor score be prevented through proper care?
- Is excess variation in the data accounted for by factors unrelated to hospital quality?

❑ Genuine quality improvement

- Can a hospital's rate be improved without improving quality?

Measure Selection Criteria (cont.)

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- ❑ Data integrity
 - Can a hospital accurately collect the data from its records?
 - Does the measure adequately measure the construct it attempts to measure?
- ❑ Ability to publicly report
 - Is the measure of use to consumers?
 - Is the measure comprehensible to consumers?
 - Do hospitals have a sufficient case load to accurately report quality?
- ❑ Burden
 - Does calculating the measure place undue burden on hospitals?

Measure Selection Criteria (cont.)

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- ❑ Evidence-based
 - Is there scientific research demonstrating the accuracy and importance of the measure?
- ❑ Variance
 - Is there sufficient variability in performance among hospitals to allow for comparison?
- ❑ National Quality Forum endorsement
 - Is the measure endorsed by the National Quality Forum?

Next Steps

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- ❑ Adopt rules reflecting recommended measures
 - Six to nine month process
 - Public comment period
 - Public hearing
 - Reporting of new measures to begin no earlier than October 2009
- ❑ Development of the consumer website
 - To be operational by January 2010

Questions??



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Thank You

If you have any questions please contact Kaliyah Shaheen at 614-995-4982 or kaliyah.shaheen@odh.ohio.gov

September 2008

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Questions

If you would like to pose a question to any of the speakers, please:

- Post it in the Q&A box on the right-hand side of your screen and press send

OR

- Click the “raise your hand” button to be un-muted and orally ask a question



Next Webinar

Key Choices in Analyzing Data

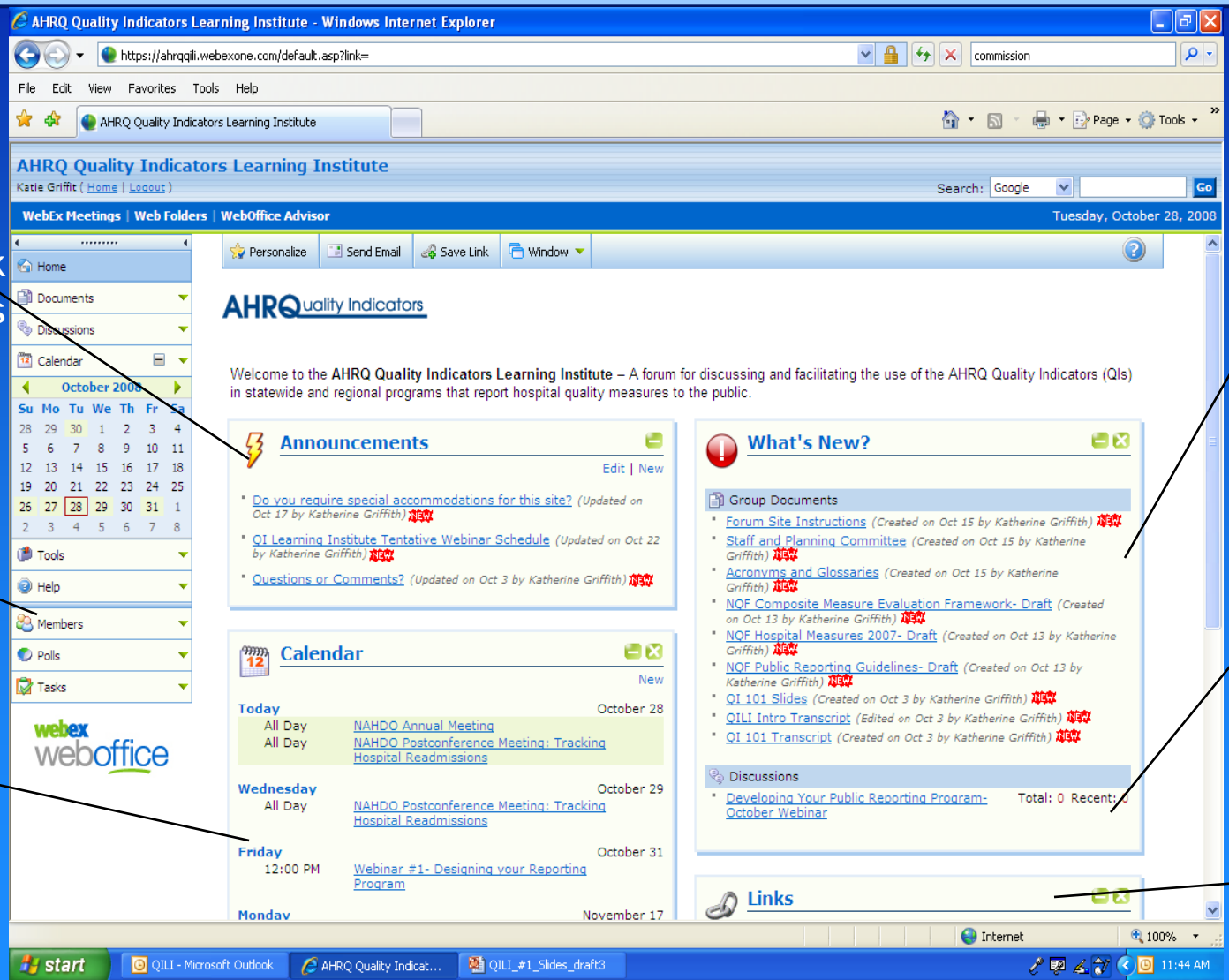
December TBD, 2008, at 12:00 pm ET

Patrick Romano, UC-Davis

Warren Strauss, Battelle Memorial Institute

You are welcome to invite one data analyst from your organization.

Web Forum



AHRQ Quality Indicators Learning Institute - Windows Internet Explorer

https://ahrqqili.webexone.com/default.asp?link=

File Edit View Favorites Tools Help

AHRQ Quality Indicators Learning Institute

Katie Griffith (Home | Logout) Search: Google Go

WebEx Meetings | Web Folders | WebOffice Advisor Tuesday, October 28, 2008

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AHRQQuality Indicators

Welcome to the AHRQ Quality Indicators Learning Institute – A forum for discussing and facilitating the use of the AHRQ Quality Indicators (QIs) in statewide and regional programs that report hospital quality measures to the public.

Announcements Edit | New

- Do you require special accommodations for this site? (Updated on Oct 17 by Katherine Griffith) 通知
- QI Learning Institute Tentative Webinar Schedule (Updated on Oct 22 by Katherine Griffith) 通知
- Questions or Comments? (Updated on Oct 3 by Katherine Griffith) 通知

What's New?

Group Documents

- Forum Site Instructions (Created on Oct 15 by Katherine Griffith) 通知
- Staff and Planning Committee (Created on Oct 15 by Katherine Griffith) 通知
- Acronyms and Glossaries (Created on Oct 15 by Katherine Griffith) 通知
- NQF Composite Measure Evaluation Framework- Draft (Created on Oct 13 by Katherine Griffith) 通知
- NQF Hospital Measures 2007- Draft (Created on Oct 13 by Katherine Griffith) 通知
- NQF Public Reporting Guidelines- Draft (Created on Oct 13 by Katherine Griffith) 通知
- QI 101 Slides (Created on Oct 3 by Katherine Griffith) 通知
- QILI Intro Transcript (Edited on Oct 3 by Katherine Griffith) 通知
- QI 101 Transcript (Created on Oct 3 by Katherine Griffith) 通知

Discussions

- Developing Your Public Reporting Program- October Webinar Total: 0 Recent: 0

Calendar New

Today	October 28
All Day	NAHDO Annual Meeting
All Day	NAHDO Postconference Meeting: Tracking Hospital Readmissions

Wednesday	October 29
All Day	NAHDO Postconference Meeting: Tracking Hospital Readmissions

Friday	October 31
12:00 PM	Webinar #1- Designing your Reporting Program

Monday	November 17

webex weboffice

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Check Announcements

Add Contact Info and Review Membership

Add Events to Calendar

Share Documents

Initiate and Participate in Discussion

Resource Links



Extranet Training

November 25, 2008 @ 1:00 pm ET

OR

December 2, 2008 @ 11:00 am ET

We will send information soon



For More Information

- QI Learning Institute Web Forum:
<https://ahrqqili.webexone.com/>
- QI Learning Institute E-Mail:
QualityIndicatorsLearning@ahrq.hhs.gov
- QI Web Site:
<http://www.qualityindicators.ahrq.gov/>
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