



Designing Your Public Reporting Program

AHRQ Quality Indicators (QI) Learning Institute

Irene Fraser, PhD, Director, Center for Delivery, Organization, and Markets, AHRQ

Jeffrey J. Geppert, JD, EdM, Research Leader, Battelle Memorial Institute

Denise Love, MBA, Executive Director, National Association of Health Data Organizations



Agenda

- Welcome
- Overview of the Learning Institute
- Public Reporting Benefits and Pitfalls
- Designing a Public Reporting Program
- Using QIs for Public Reporting
- States' Experiences with Public Reporting
- Questions and Discussion



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Purpose of the QI Learning Institute

To provide 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.



Membership

Forty-three leaders, representing 27 different States, from organizations involved in developing public reporting programs and interested in using the AHRQ Quality Indicators to assess hospital quality.

- 16 State Agencies/Task Forces
- 12 State Hospital Associations
- 4 Coalitions
- 3 AHRQ Chartered Value Exchanges
- 2 Military Health Care Systems
- The Joint Commission
- Centers for Medicare & Medicaid Services



Planning Committee

- Dale Bratzler, DO - Oklahoma Foundation for Medical Quality
- Brooks Daverman, MPP - Division of Health Planning, Tennessee Department of Finance and Administration
- Jeff Geppert, JD, EdM - Battelle Memorial Institute
- Denise Love, MBA - National Association of Health Data Organizations
- Shoshanna Sofaer, MPH, DrPH - Baruch College, The City University of New York
- Kim Streit, MBA, MHA - Florida Hospital Association



Staff

AHRQ Center for Delivery, Organization, and Markets

- Irene Fraser, PhD, Director
- Mamatha Pancholi, MS, Program Officer, Quality Indicators Team Project
- Joanna Jiang, PhD, Senior Research Scientist

AHRQ Office of Communications and Knowledge Transfer

- Marjorie Shofer, MBA, Senior Program Analyst
- Margaret K. Rutherford, Editor

AcademyHealth (Contractor)

- Katherine Griffith, Associate

Web Forum

AHRQ Quality Indicators Learning Institute
 Katie Griffith (Home | Logout) Search: Google Go
 Tuesday, October 28, 2008

Announcements

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

What's New?

Group Documents

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

Calendar

Day	Event	Date
Today	NAHDO Annual Meeting	October 28
Today	NAHDO Postconference Meeting: Tracking Hospital Readmissions	October 28
Wednesday	NAHDO Postconference Meeting: Tracking Hospital Readmissions	October 29
Friday	Webinar #1- Designing your Reporting Program	October 31
Monday		November 17

Check Announcements

Add Contact Info and Review Membership

Add Events to Calendar

Share Documents

Initiate and Participate in Discussion

Resource Links



Tentative Schedule

Orientation:

Today - Designing Your Reporting Program

Measures/Data/Analysis:

November 17 @ 12 pm ET - 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



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Benefits to Public Reporting

- Stimulate market decisions
- Inform policies
 - Health care reform
 - Program/policy evaluation
- Promote accountability and transparency in health care delivery
 - Consumer choice
 - Quality improvement
 - Purchaser negotiations
- Engage community stakeholders
 - Quantify gaps in quality
 - Target interventions and assign roles
 - Establish a baseline of performance and monitor trends
- Improve quality
 - Patients treated at hospitals subject to intensive public reporting had significantly lower odds of in-hospital mortality when compared with similar patients treated in hospital with limited/no public reporting requirements (AJMQ, Hollenbeak et al.,)

Barriers to Public Reporting on Quality

- Provider information systems and reporting burden
 - Data availability and/or access
 - Variation in coding and documentation
 - Reporting demands, public and private
- Timeliness of data (or lack thereof)
- Privacy concerns
 - Sometimes confused with proprietary concerns
- Political resistance to public reporting
- Standard measures (or lack thereof)
- Small numbers

Common Pitfalls in Reporting Initiatives

- **Poor Planning:**
 - ❑ Unrealistic goals and expectations
 - ❑ Failure to include key stakeholders in all decision points
- **Process Failures:**
 - ❑ Lack of consensus and transparency in process
 - ❑ Truncated or drawn out process
 - ❑ Not getting “buy-in” on methods prior to calculating results
- **Conflicting results across reporting initiatives**
- **RESULT: “ATTACK THE DATA”**

Lessons Learned from Reporting States: Key Success Factors

- Leadership and vision and ability to communicate these to diverse stakeholders
- A trusted neutral convener/broker of data to conduct or nurture the reporting process
- Technical credibility
- Inclusive and transparent process which addresses how to proceed when a consensus is not possible

Lessons Learned from Reporting States: Key Success Factors, continued

- Shared decision-making at each step (planning through release)
- Know that tension is not avoidable:
 - Identify “creative” versus “destructive” tension
- The first report is the most difficult
 - Outcome may determine if there will be a successive report



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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Estimating Cost and Other Resources

- It is difficult to make accurate estimates
 - It always takes longer than planned
- Cost considerations:
 - Is the initiative voluntary or mandated?
 - What is the total budget for the initiative?
 - Are there potential partners/contributors?
 - How will advisory bodies and expert panels be staffed?
 - Scope of the report (single or multiple years? Static or dynamic?)

Estimating Cost and Other Resources

- Staffing: different stages require different staff skills
 - Planning and leading expert panels
 - Rulemaking (where mandated)
 - Data acquisition and management
 - Data review and validation
 - Analysis and Reporting
- Dissemination and marketing:
 - Website
 - Media relations
 - Public service announcements



Stakeholder Support

- Essential from initial planning to release
- Building and retaining trust are key to support
 - Inclusiveness and transparency
 - Technical credibility
 - Flexibility to address concerns as they arise
- Plans for addressing problems
 - Missing, invalid data
 - Noncompliance
 - Interpretations of results
- Fairness and balance
 - Commitment to the public good
 - Recognizing the competitive tensions and concerns



Scheduling Reports/Releases

- Buy-in from all stakeholders
 - Scope
 - Timing
- Expert panels for designing and approving methodology, measures, and draft report
- Build in a validation and review period
 - Address data concerns
 - Review comments and respond accordingly
- No surprises
- Stay the course and don't wait for perfection



Validation/Dry-Run Strategy

- Many States mandate a 45-day review period:
 - Data supplier (hospital) reviews its own results sent by certified courier
 - Alerts the data agency to verify discrepancies, updating data as indicated
- Draft report is shared with all of the hospitals prior to public release
 - No data changes are made at this point
 - Opportunity for comment and adjustments in interpretations where appropriate
 - Provides hospitals a 'heads up' before the media and public see the report



Resources for Consumer-focused Public Reporting

- National Quality Forum “Guidelines for Consumer-Focused Public Reporting”
 - Identify the purpose, the audience, and how to reach the audience
 - Use a transparent process that involves stakeholders
 - Set the stage by communicating information about quality
 - Use measures that are transparent and that meet widely accepted, rigorous criteria



Resources for Consumer-Focused Public Reporting

- National Quality Forum “Guidelines for Consumer-Focused Public Reporting”
cont.
 - Present and explain the data
 - Ensure that the report design and its navigation features enhance usability
 - Evaluate and improve the report



Resources for Consumer-Focused Public Reporting

- AHRQ QI Public Reporting Resources
 - Comparative Reporting Guide
 - Tiering of Quality Indicators
 - Summary of the evidence
 - AHRQ QI Model Reports
 - Health topics
 - Composites



Resources for Consumer-Focused Public Reporting

- 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



Poll Question #1

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

- Enhancing administrative data (i.e. lab data)
- Healthcare-acquired infection reporting
- Reducing burden on the provider
- Setting: Individual physician care
- Setting: Group/ Practice care
- Setting: Hospital/ Inpatient care
- Additional settings (outpatient/episodes)
- Population: Mental Health
- Population: Pediatrics
- Population: Elderly
- Other

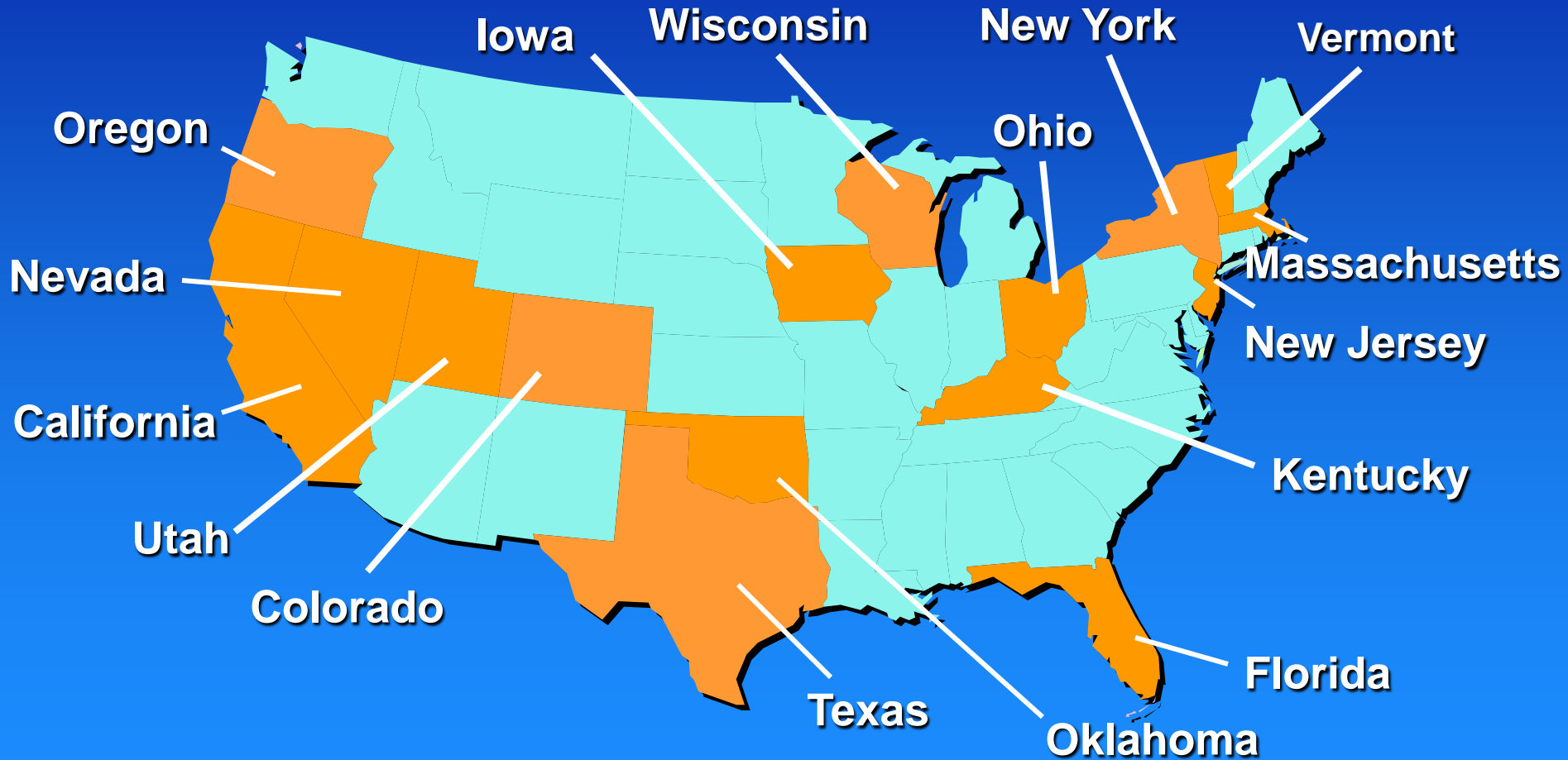


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Slightly more than half of the US pop. has access to public reports using AHRQ QIs through state initiatives



16 States Using AHRQ QIs for Public Reporting



National Quality Forum Endorsement

- Suitable for comparative reporting and quality improvement
- Evaluated for importance, scientific acceptability, usability, and feasibility
- An effort to harmonize and standardize measures among developers
- AHRQ Quality Indicators
 - 14 Prevention Quality Indicators (PQIs)
 - 12 Inpatient Quality Indicators (IQIs)
 - 8 Patient Safety Indicators (PSIs)
 - 9 Pediatric Quality Indicators (PDIs)



National Quality Forum Endorsement

IQI	Label	IQI	Label
IQI #01	Esophageal Resection Volume	IQI #16	CHF Mortality
IQI #02	Pancreatic Resection Volume	IQI #17	Acute Stroke Mortality
IQI #04	Abdominal Aortic Aneurysm (AAA) Repair Volume	IQI #19	Hip Fracture Mortality
IQI #08	Esophageal Resection Mortality	IQI #20	Pneumonia Mortality
IQI #09	Pancreatic Resection Mortality	IQI #24	Incidental Appendectomy in the Elderly
IQI #11	Abdominal Aortic Aneurysm (AAA) Repair Mortality	IQI #25	Bilateral Catheterization



National Quality Forum Endorsement

PSI	Label	PSI	Label
PSI #02	Death in Low Mortality DRGs	PSI #12	Postoperative DVT or PE
PSI #04	Death Among Surgical Inpatients With Treatable Serious Complications	PSI #14	Postoperative Wound Dehiscence
PSI #05	Foreign Body	PSI #15	Accidental Puncture or Laceration
PSI #06	Iatrogenic Pneumothorax	PSI #16	Transfusion Reaction



National Quality Forum Endorsement

Indicator	Label	Indicator	Label
PDI #01	Accidental Puncture or Laceration	PDI #07	Pediatric Heart Surgery Volume
PDI #02	Decubitus Ulcer	PDI #11	Postoperative Wound Dehiscence
PDI #03	Foreign Body	PDI #13	Transfusion Reaction
PDI #05	Iatrogenic Pneumothorax	NQI* #02	Blood Stream Infection in Neonates*
PDI #06	Pediatric Heart Surgery Mortality		

*NQI- Neonate Quality Indicator

*Endorsement pending



Composite Measures

- Inpatient Quality Indicators
 - Mortality for Selected Procedures
 - Mortality for Selected Conditions
- Patient Safety Indicators
 - Overall Safety
- Pediatric Quality Indicators
 - Overall Safety
- Volume-Outcome
 - Resection, AAA repair, pediatric heart



AHRQ QI Model Reports

Model Reports are designed specifically to report comparative information on hospital performance based on the AHRQ Quality Indicators

- Hospital Quality Model Report: Health Topics - takes all the IQIs, PSIs, and PDIs and puts them into health topics
- Hospital Quality Model Report: Composites - builds on four composite measures created by AHRQ using multivariate statistical analysis



Validation Studies

- The goal is to improve data quality
- Encourage hospitals to download and use medical record abstraction tools developed for the AHRQ PSI Validation Pilot project
- Create and support infrastructure for electronic entry of patient-level data
- Evaluate variance in data quality across different groups of hospitals, including differences based on teaching status, size, and geography
- Develop tools and guidance to hospitals in an effort to reduce such variance prior to implementation

Validation Studies

- Data Quality Issue #1
 - Specificity/positive predictive value
 - Identify sample of cases that were flagged but are potentially false positives (e.g., present on admission or uncoded exclusions)
- Data Quality Issue #2
 - Sensitivity/negative predictive value
 - Identify sample of cases that were NOT flagged but are potentially false negatives (e.g., included in a hypothetical broader definition of the indicator)



Validation Studies

- AHRQ QI Validation Pilot, Phase II
 - Pending Office of Management and Budget (OMB) review
 - Estimate sensitivity (false negatives) in addition to PPV (false positives)
 - 16 organizations have indicated an interest in participating in Phase II
 - Encourage hospitals to participate
 - Contact Jennifer Cohen (cohenj@battelle.org)



Poll Question #2

Please check which best describes your public reporting program:

- Legislative Mandate
- Government Requested
- Organizational Mandate
- Voluntary
- Other



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Oregon

Sean Kolmer

Research Manager, Office for Oregon
Health Policy & Research, Oregon
Department of Human Services



Colorado

Scott Anderson

Vice President, Professional Activities,
Colorado Hospital Association

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 unmuted and orally ask a question



Next Webinar

Selecting Measures and Data

November 17, 2008, at 12:00 pm ET

Jeffrey J. Geppert, Battelle Memorial Institute
Shoshanna Sofaer, Baruch College

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



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/>
- QI Support E-mail:
support@qualityindicators.ahrq.gov