



Displaying the Data

AHRQ Quality Indicators (QI) Learning Institute

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Susan McBride, Texas Tech University

John Bott, Employer Health Care Alliance Cooperative

Jeffrey Geppert, Battelle Memorial Institute

Questions

We will have 4 opportunities throughout the Webinar for you to ask questions of our speakers. To do so, please:

- At any time, post your questions in the Q&A box on the right-hand side of your screen and press send

OR

- During those 4 Q&A sessions, click the “raise your hand” button to be un-muted and introduced to verbally ask a question



Agenda

- Welcome
- Why Model Reports?
- Developing and Testing the Reports
- Two Options: Topics or Composites
- How Data Are Presented in the Reports
- The Role of Sponsors
- Stakeholder Views on Reporting the QIs
- EQUIPS Introduction
- Questions and Discussion



Tentative Webinar Schedule

Orientation:

October - Designing Your Reporting Program

Measures/Data/Analysis:

November - Selecting Measures & Data

December - Key Choices in Analyzing Data for the Report

January - Classifying Hospitals

Reporting/Disseminating/Promoting:

Today - 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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Learning Objectives

Participants will be able to:

- Describe the purpose of the AHRQ Quality Indicator (QI) Model Reports
- Describe the formative research that contributed to the AHRQ QI Model Reports
- Distinguish between the Model Report based on topics and the Model Report based on composite measures
- Describe the key features of each report and the rationale for them
- Identify the decisions that sponsors have to make, and the additional work they must do, to field one of the reports



Why Model Reports?

- Many sponsors do not have access to staff who are deeply knowledgeable about public reporting of quality data
- Strong evidence about what does and does not work in public reports is increasing



Why Model Reports?

- However, many reports do not use available evidence
- The AHRQ QI program is committed to the development of evidence-based, practical tools to help sponsors interested in reporting QI data



Why Model Reports?

- Model Reports were seen as a new tool that could help sponsors use the best evidence on public reports so they are most likely to have the desired effects on quality



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Developing & Testing Reports

- AHRQ contracted with Weill Cornell Medical College and Baruch College
- Baruch College team took lead on report development and testing



Developing & Testing Reports

- Steps taken included:
 - Review of evidence on public reporting
 - Focus groups with hospital quality managers who had used QIs
 - Focus groups with recently hospitalized patients



Developing & Testing Reports

- Additional steps:
 - Draft report using topics to organize all measures
 - Review of report by clinicians from Weill and AHRQ QI team
 - Revision of report for cognitive testing



Developing & Testing Reports

- Cognitive testing of “topics” report
- Development of “composite” report
- Inclusion of Pediatric QIs
- Cognitive testing of both reports with new materials



Developing & Testing Reports

- What did we test?
 - Labels and definitions for measures, topics
 - Graphic data displays
 - Introductory text
 - Text around data displays
 - Background text
 - Report structure and navigability



Developing & Testing Reports

- Reports had to be consistently and accurately understood, perceived as relevant and easy to use

- Based on testing we:
 - Finalized reports
 - Developed sponsor guide



NQF Review of Reports

- Model Reports and Sponsor Guide submitted as part of NQF (National Quality Forum) QI endorsement package
- First time a report was submitted to NQF
- Technical Expert Panel created to use reports as a jumping-off point to create guidance on Web-based hospital quality reporting

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Topics v. Composites

- There are dozens of QIs
- AHRQ wanted a report that included ALL QIs, though sponsors were expected to select which ones they would report
- Given the limits on cognitive processing, we needed a way to organize the measures
- Composites were not initially available



Topics v. Composites

- Evidence indicates that people are interested in clinical quality as it applies to their own circumstances
- We chose to organize the reports based on health-related topics

Topics v. Composites

- We created 10 topics – some with few, some with a lot of measures, such as:
 - Heart conditions
 - Childbirth
 - Complications for patients having surgery
- Users could select a topic, and then one or more measures within the topic



Topics v. Composites

- After AHRQ finished developing four composites, we created and tested a report based on them
- We called them topics, not composites, because “composites” is not a consumer-friendly term



Topics v. Composites

- The composite labels were:
 - Hospital patients having operations
 - Hospital patients admitted with particular health conditions
 - Medical complications for adults
 - Medical complications for children



Topics v. Composites

- Much of the text in the two reports is the same
- The organization of measures differs
- It is hard to “mix and match”
- Sponsors have to decide which measures to report and which way

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Flow of the Reports

- Report home page
- Page to select hospitals to compare
- Page to select topics/composites
- **Data displays**
- Additional explanatory information

Data Displays

- Reports include two kinds of data display:
 - A “word icon” chart that provides information on “relative” performance of hospitals
 - Horizontal bar graphs that provide more absolute and relative information

Word Icon Chart

Compare Hospital Scores on Quality in Care of the Brain and Nervous System

When you are choosing a hospital, you should look for the hospital that does **Better than average** on the topics that are most important to you, or on as many items as possible.

Click on the indicator names for detailed results on how each hospital performed.

Death rate is the percent of patients who were treated for a particular illness or had a particular procedure who died while in each hospital during 2005.

A hospital's score is calculated in comparison to the state average.

Average is about the same as the state average.

Better than average is better than the state average.

Worse than average is worse than the state average.

Brain and Nervous System Quality Indicators	Hospital A	Hospital B	Hospital C	Hospital D
Death rate for operations to remove blockage in brain arteries The average rate of death for hospitals across the state is <u>7</u> for every 1,000 patients.	Better than average	Worse than average	average	Worse than average
Death rate for brain surgery The average rate of death for hospitals across the state is <u>6</u> for every 100 patients.	average	Better than average	Worse than average	Worse than average
Death rate for stroke The average rate of death for hospitals across the state is <u>10</u> for every 100 patients.	Better than average	average	Worse than average	Better than average



Word Icon Chart

- Modification of a rigorously tested approach
- “Better than average” and “Worse than average” performance are in different colors and “come out of the page”
- “Average” in light gray and smaller

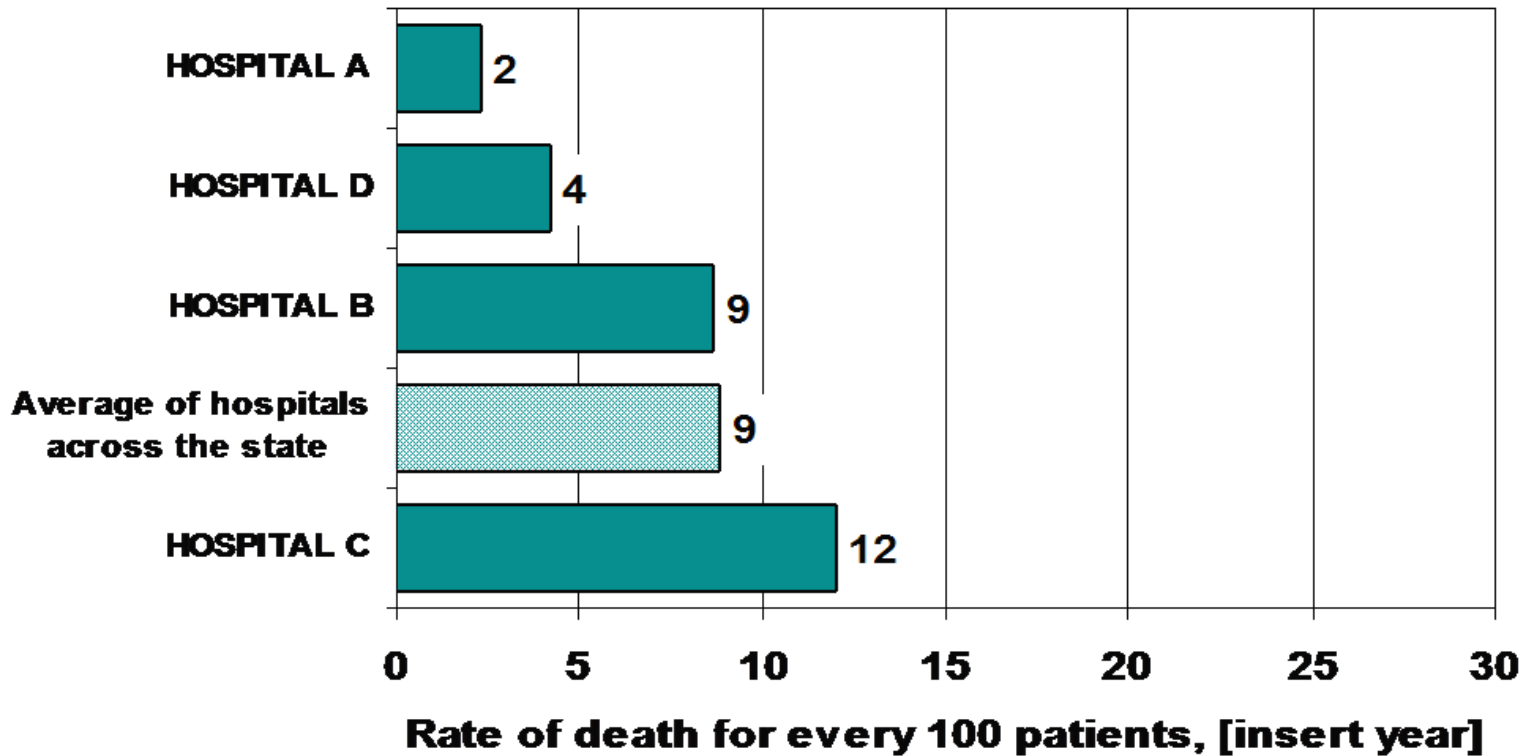


Word Icon Chart

- We may be revising this to use the original tested version, which also adds symbols
- This is VERY easy for people to understand
- Note that people can click links to get to information on individual measures or, in composite reports, specific composites

Bar Graphs

Death rate for heart attack patients



Bar Graphs

■ Key features

- Individual hospital bars in one color; mean a shade of that color
- Bar supplemented by actual number
- Hospitals ordered by performance from best to worst

Bar Graphs

- Text around the bar graphs includes:
 - Label
 - Definition
 - Whether to look for high or low score
 - Why State average is presented



Special Measures

- Volume measures are not presented as “pure” quality indicators
- This is because the “mean” is not an appropriate “comparator” for volume indicators
- Volume indicator bar graphs automatically show up with related measures (death rates)



Special Measures

- One set of volume measures is considered as information of interest to some: C Section and VBAC* rates
- We don't know the “right” rates, and again the mean is not an appropriate comparator

*Cesarean section and vaginal birth after cesarean.

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The Role of Sponsors

- Decide whether to use the “topics” or “composites” approach
- Select which “topics” and which “composites” to report
- These two decisions go hand in hand



The Role of Sponsors

- In the next Webinar, we will discuss other aspects of the reports and other roles for sponsors, such as:
 - Identifying hospitals to include
 - Finalizing scoring methods
 - Developing Web site functionalities for searching and linking

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Stakeholder Views on Reporting the QIs

Provider and Consumer Perspectives

Susan McBride

Texas Tech University

Provider and Purchaser Perspectives

John Bott

Employer Health Care Alliance Cooperative



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AHRQ EQUIPS

Web-based tool that provides local information on:

HEALTH CARE USE, COSTS, VOLUME, AND QUALITY

AHRQ creates and distributes software programs to generate Web-based query system



Local organizations use programs to host a Web-based query system



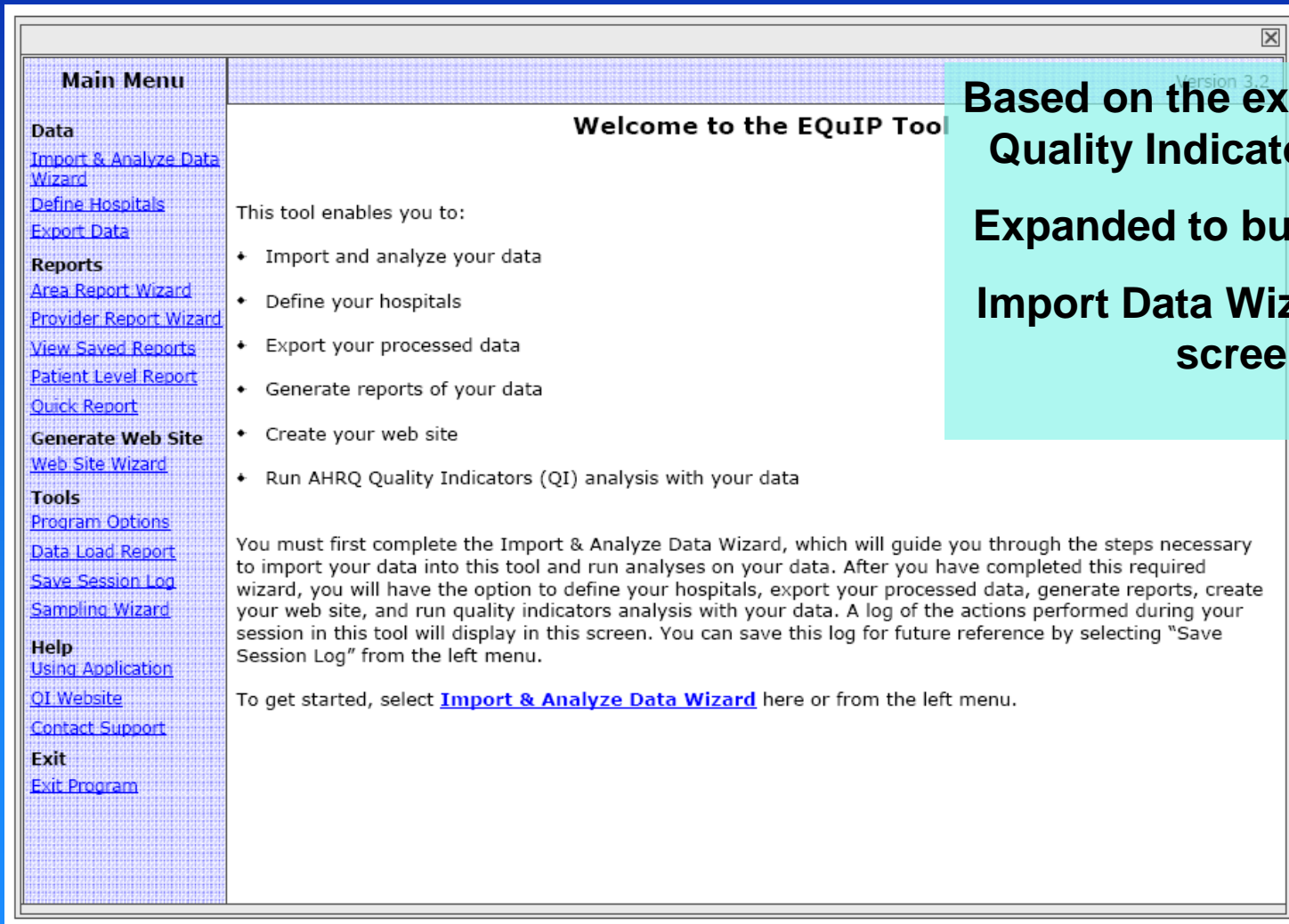
Local users access the Web-based query system to obtain health care information

Incremental build throughout Summer and Fall using an iterative rapid application development methodology

Begin Beta Test in February 2009



A Peek at EQUIPS – A Working Draft, *What the HOST Sees*



Based on the existing AHRQ Quality Indicators Wizard. Expanded to build EQUIPS. **Import Data Wizard – initial screen.**

A Peek at EQUIPS – A Working Draft, *What the USER Sees*



Quality Indicators for Hospitals and Geographic Areas

View measures of quality for hospitals in **either** a report for consumers that allows you to compare hospitals in a prescribed format for public reporting, **or** a report of detailed statistics.



View Maps Showing Potentially Avoidable Hospitalizations

View potentially avoidable hospitalizations for counties with estimates of cost savings.



Rates of Health Conditions and Procedures

View statistics on prevalence of disease and medical procedures for counties. You may view the information broken down clinical diagnosis or procedure.



Utilization Statistics for Health Conditions and Procedures

View information about number of discharges, charges, costs, length of hospitalization and percent of patients who died in specific hospitals, hospitals in geographic regions, or all hospitals in *Your State*. You can select patients by medical condition or treatment procedure.



EQUIPS Web Conference

*Input Your Data - Output Your Web Site:
A Web-Based Tool for Quality and
Utilization Reporting*

March 2, 2009, at 1:00 pm ET

This is an optional Web conference for members to learn more about EQUIPS. Login information will be sent via e-mail.



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Questions and Discussion

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Next Webinar



Web Site Design & Content

March 31, 2009 at 12:00 pm ET

Shoshanna Sofaer, Baruch College
Sean Kolmer, Office for Oregon Health Policy &
Research
Vickie Wright, Nevada Hospital Organization

You are welcome to invite others from your
organization

QILI Newsletter

Issue 1 December 12, 2008		<h2>QILI Newsletter</h2>	
AHRQ Quality Indicators Learning Institute Biweekly Newsletter		https://ahrqqili.webexone.com	
QILI Members (by State) <ul style="list-style-type: none"> • Alabama Medical Society • Lumetta, California AHRQ Chartered Value Exchange (CVE) • Office of Statewide Health Planning and Development, California • Colorado Hospital Association • Connecticut Hospital Association • Delaware Health Statistics Center, Division of Public Health, DHSS • Florida Agency for Health Care Administration • Georgia Hospital Association • Iowa Healthcare Collaborative • Illinois Department of Public Health • Illinois Hospital Association • The Joint Commission • Indiana Hospital Association • Kentucky Hospital Association • Louisiana Health Care Quality Forum (CVE) • Massachusetts Division of Health Care Finance and Policy • Centers for Medicare and Medicaid Services • Maryland Health Care Commission • Maryland Hospital Association • Maine Health Data Organization • Maine Quality Forum • Alliance for Health, Michigan (CVE) • North Carolina Hospital Association • New Jersey Department of Health and Senior Services • Health Link IT, Nevada (CVE) • Division of Health Care Financing and Policy, Nevada DHHS • Niagara Health Quality Coalition and Alliance for Quality Health Care • Greater New York Hospital Association • New York State Department of Health • Oklahoma State Department of Health • Office for Oregon Health Policy and Research, ODHHS • The Hospital & Health System Association of Physicians • Tennessee Hospital Association • All Force Medical Support Agency • Texas Department of State Health Services • Health Net Federal Services • Washington Governor's Office of Financial Management • Puget Sound Health Alliance • Center for Health Statistics, Washington State Department of Health • Employer Health Care Alliance Cooperative, Wisconsin 		What's New on the Extranet	
		Discussions <ul style="list-style-type: none"> • <i>SSM and patient linkage data elements</i> – Planning Committee member Kim Streit from the Florida Hospital Association asked how member programs link patients to data. Five members have replied to date. A Powerpoint presentation given by Susan McBride from Texas Tech University Health Science Center about the AHRQ/ NAHDD Readmissions Conference that addressed this issue was also posted. • <i>Jeff Geppert's inquiry on present on admission data</i> – Faculty member Jeff Geppert inquired about how member programs document present on admission data. Two members have replied to date. • <i>Key choices in analyzing data for the report – December Webinar</i> – There is a discussion folder for each Webinar where members can ask questions about the topic both before and after the events. After the November Webinar there was one member question about ICD-10 codes, which presenter Jeff Geppert answered. Because the December Webinar is a technical topic we anticipate a lot of questions. 	
		Documents <ul style="list-style-type: none"> • <i>CDC ICD-9-CM official guidelines for coding and reporting</i> – During the Webinar about selecting measures on November 17th there was a question about how to become familiar with ICD-9 codes. Jeff Geppert, suggested these guidelines, which have been posted in a document folder named "Administrative Data Resources." • <i>AHRQ draft model reports</i> – During the Webinar about selecting measures, presenter Shoshanna Sofaer mentioned AHRQ's Model Public Reports. The DRAFT reports are posted in their own folder. • <i>Please post your questions & answers and relevant documents on the extranet so other members and faculty can respond.</i> 	
		Upcoming Events	
		Key Choices in Analyzing Data Webinar Monday, December 15th at 12:00 pm ET 3rd Extranet Training Week of January 5th *Emails to follow	
		December's Program Profile: Texas Department of State Health Services To learn more, visit our extranet site: http://ahrqqili.webexone.com	
		Questions? Please e-mail QualityIndicatorsLearning@ahrq.hhs.gov or call 202.292.6750.	
		  Agency for Healthcare Research and Quality Advancing Excellence in Health Care • www.ahrq.gov	
		AHRQ Quality Indicators	



Recent Extranet Postings

Discussions

- *February Webinar - Displaying the Data.* Answer and ask questions of today's presenters after the Webinar.
- *AHRQ Chronic Condition Indicators.* Susan McBride asked about members' use of these indicators for readmission rate reporting.
- *Texas's Program Profile.* Member Sylvia Cook posted Texas's profile, asked questions of the membership, and offered to answer member questions.

Documents

- *Webinar Materials.* There is a document folder for each Webinar with the slides, recording link, transcript, and text alternatives.
- *Shrinkage.* In January's Webinar, one member asked Jeff to review the concept of shrinkage. Jeff explained shrinkage in detail in a document in the January Webinar document folder.

Links

- *Reporting Web Sites.* Links to reporting Web sites are now posted in the links box on the extranet home page.



For More Information

- QI Learning Institute Web Forum Extranet:
<https://ahrqqili.webexone.com/>

Login Name: First letter of first name followed by last name, capitalize first two letters
(Example: JGeppert)

If you forgot your password, enter your Login Name and press “Forgot your password?” and Webex will e-mail you temporary password.

- 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



QILI Evaluation

- Please fill out the mid-course evaluation form that will pop-up on your screen after you leave the Webinar.
- Also within the next few months we would like to conduct voluntary calls with individual member programs to discuss your use of the QIs and your satisfaction with the QILI.
- Thank you for your participation!