Tranparency in the VA

VA and Center for Medicaid and Medicare Services
Hospital Compare

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Transparency

- Rationale
  - Public's right to know about outcomes and make choices based on performance; implicit is that information is accurate and meaningful and patient access to services remains unchanged.
  - Ability to transfer "best practices" from strong hospitals across systems
  - Increased scrutiny of quality and performance locally
- Risk
  - Adequate data collection and measurement instruments
  - Assuring consistent data quality
  - Adequate risk models that account for severity across the spectrum of severity

Drivers in Tranparency

- IOM's report *Crossing the quality chasm*
- Accrediting organization required public release of data
- AHRQ invested in creating standardized measures of patient experiences (IQI,PSI, CAHPS)
- Internet access to results
- CMS incentives for participation

Romano PS, Burstin H. National Standardization of metrics and data collection methods

Evidence

- Intended to accelerate improvement in hospital care;
  - Modest increment in improvement at hospitals with P4P compared to those with reporting only.
  - OR Hospital mortality PA 0.59 to 0.79 across 6 clinical conditions compared to 0.72 to 0.92 prior to public reporting.
  - Resnic decribes an fall in proportion of patients with cardiogenic shock getting revascularization in NY state and MA coincident with reporting PCI mortality.
  - No variation in 30-d post op mortality, VTE, or surgical site infection when stratified by adherence rate of EBP in 2000 hospitals.

Lindenauer PK. NEJM 2007;356:486 – 96
Resnic FS. J Am Coll Card 2009;53:825
Hollenbeak CS. Am J Med Qual 2008; 23:279
Nicholas LH. Arch Surg 2010:145:999- 1004

New drivers
Patient Protection and Affordable Care Act 2010

- National Quality Improvement Strategy
- Identification of quality gaps in present quality approach and contract for standardization of measures for gaps
- Inter agency working group
- Value based purchasing programs implemented
- New organizations encouraged (Accountable care organizations)
- Rating system for qualified health plans
- Electronic health records
- Increased registries

Audience for information about healthcare system performance

- Providers
- Insurers
- Healthcare systems themselves
- Consumers, family members

Key elements in evaluating websites

- Method used to attribute patients to provider
- Measures endorsed by NQF or other consensus
- Data sources
- Case mix adjustment applied
- Reliability of measures assessed
- Physicians/ healthcare systems allowed to review results prior to publication; Physicians allowed to reconsider results and make corrections
- Framework to make interpretations easier for consumer

Sources to get information about healthcare providers and services

- 126 sites
  - State governments (44%)
  - Hospital associations (25%)
  - Multi stakeholder collaboratives (15%)
  - Employer organizations (15%)
- HospitalCompare (Medicare)
- Commonwealth Fund

Cronin C, Damberg C, Riedel A, France J. State of the Art of hospital abd ohysiican/physician Group Public Reports

Hospital Compare

- Process measures for AMI, PNA, CHF, SCIP
- Risk adjusted mortality and readmission for AMI/ CHF/ PNA; 3 year sample, updated annually, no time series
- HCAPS results
- Medical imaging (CT abd Chest % w and wo contrast, callbacks mammogram, early MRI back wo conservative trial)
- Patient Safety indicators Inpatient quality indicators (download -Dec 2011)

Inpatient

AMI-1	Aspirin at Arrival	Available now
AMI-2	Aspirin at Discharge	Available now
AMI-3	ACEI or ARB for LVSD	Available now
AMI-4	Smoking Cessation Counseling	Available now
AMI-5	Beta-Blocker at Discharge	Available now
AMI-7a	Fibrinolytic Therapy Within 30 Minutes of Arrival	Available now
AMI-8a	Primary PCI Within 90 Minutes of Arrival	Available now
AMI-10	Statin at Discharge	Available in January 2012, display and downloadable
MORT-30-AMI	AMI 30-day Risk-Standardized Mortality Rate (RSMR)	Available now
READ-30-AMI	AMI 30-Day Risk Standardized Readmission Rate (RSRR)	Available now
HF-1	Discharge Instructions	Available now
HF-2	Evaluation of LVS Function	Available now
HF-3	ACEI or ARB for LVSD	Available now
HF-4	Smoking Cessation Counseling	Available now
MORT-30-HF	HF 30-day RSMR	Available now
READ-30-HF	HF 30-Day RSRR	Available now
PN-2	Pneumococcal Vaccination	Available now
PN-3b	Blood Culture in the ED Prior to Initial Antibiotic Received in the Hospital	Available now
PN-4	Smoking Cessation Counseling	Available now
PN-5c	Initial Antibiotic Received Within 6 Hours of Arrival	Available now
PN-6	Initial Antibiotic Selection	Available now
PN-7	Influenza Vaccination	Available now
MORT-30-PN	PN 30-day RSMR	Available now
READ-30-PN	PN 30-day RSRR	Available now
SCIP-Inf-1	Prophylactic Antibiotic Within 1 Hour Prior to Surgical Incision	Available now
SCIP-Inf-2	Prophylactic Antibiotic Selection	Available now
SCIP-Inf-3	Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time	Available now
SCIP-Inf-4	Cardiac Surgery Patients With Controlled 6 a.m. Postoperative Blood Glucose	Available now
SCIP-Inf-6	Surgery Patients with Appropriate Hair Removal	Available now
SCIP-Inf-9	Postoperative Urinary Catheter Removal on Postoperative Day 1 or 2	Available now

SCIP-Inf-10	Perioperative Temperature Management	Not publicly reported as measure specifications are going through substantive change; data will be publicly reported once specifications are stabilized
SCIP-Card-2	Surgery Patients on a Beta Blocker Prior to Arrival Who Received a Beta Blocker During the Perioperative Period	Available now
SCIP-VTE-1	Surgery Patients with Recommended VTE Prophylaxis Ordered	Available now
SCIP-VTE-2	Surgery Patients Who Received Recommended VTE Prophylaxis	Available now
HCAHPS	Communication with nurses	Available now
	Communication with doctors	Available now
	Responsiveness of hospital staff	Available now
	Pain management	Available now
	Communication about medicines	Available now
	Discharge information	Available now
	Cleanliness of hospital environment	Available now
	Quietness of hospital environment	Available now
	Overall rating of hospital	Available now
	Willingness to recommend hospital	Available now
CAC-1	Children Given Reliever Medications	Available now
CAC-2	Children Given Systemic Corticosteroids	Available now
CAC-3	Home Management Plan of Care	Available now
PSI-4	Death among surgical patients with treatable serious complications – harmonized with NSC-1	Available October 2011, downloadable only
PSI-6	Iatrogenic pneumothorax, adult	Available October 2011, downloadable only
PSI-11	Post-operative Respiratory Failure	Available October 2011, downloadable only
PSI-12	Post-operative PE or DVT	Available October 2011, downloadable only
PSI-14	Postoperative wound dehiscence	Available October 2011, downloadable only
PSI-15	Accidental puncture or laceration******	Available October 2011, downloadable only

IQI-11	Abdominal aortic aneurysm (AAA) mortality rate (with or without volume)	Available October 2011, downloadable only
IQI-19	Hip fracture morality rate	Available October 2011, downloadable only
PSI-90	Complication/patient safety for selected indicators (composite)	Available October 2011, display and downloadable
IQI-91	Mortality for selected medical conditions (composite)	Available October 2011, display and downloadable
NSC-1	Failure to Rescue (aka death among surgical patients with treatable serious complications) – harmonized with PSI-4	Available October 2011, downloadable only
	Participation in a Systematic Database for Cardiac Surgery	Available now
	Participation in a Systematic Database for Stroke Care	Available now
	Participation in a Systematic Database for Nursing Sensitive Care	Available now
HAI	Central Line-Associated Bloodstream Infection (from NHSN)	Available in January 2012, display and downloadable
ED-1	Median Time from ED Arrival to ED Departure for Admitted ED Patients	Available in April 2011, downloadable only – … in January 2012, display and downloadable
ED-2	Median Admit Decision Time to ED Departure for Admitted ED Patients	Available in April 2011, downloadable only – … in January 2012, display and downloadable
HAC	Objects Accidentally Left in the Body After Surgery (Foreign Object Retained After Surgery)	Available in April 2011, downloadable only
HAC	Air Bubble in the Blood Stream (Air Embolism)	Available in April 2011, downloadable only
HAC	Mismatched Blood Types (Blood Incompatibility)	Available in April 2011, downloadable only
HAC	Severe Pressure Sores (Pressure Ulcer Stages III & IV)	Available in April 2011, downloadable only

HAC	Falls and Injuries (Falls and Trauma (Includes: Fracture Dislocation Intracranial Injury Crushing Injury Burn Electric Shock))	Available in April 2011, downloadable only
HAC	Vascular Catheter-Associated Infection	Available in April 2011, downloadable only
HAC	Catheter-Associated Urinary Tract Infection (UTI)	Available in April 2011, downloadable only
HAC	Signs of Uncontrolled Blood Sugar (Manifestations of Poor Glycemic Control)	Available in April 2011, downloadable only

Outpatient

OP-1	Median Time to Fibrinolysis	Downloadable file only
OP-2	Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	Available now
OP-3b	Median Time to Transfer to Another Facility for Acute Coronary Intervention	Available now
OP-4	Aspirin at Arrival	Available now
OP-5	Median Time to ECG	Available now
OP-6	Prophylactic Antibiotic Initiated Within One Hour Prior to Surgical Incision	Available now
OP-7	Prophylactic Antibiotic Selection for Surgical Patients	Available now
OP-8	MRI Lumbar Spine for Low Back Pain	Available now
OP-9	Mammography Follow-up Rates	Available now
OP-10	Abdomen CT Use of Contrast Material	Available now
OP-11	Thorax CT Use of Contrast Material	Available now

New measures

April 2011

- Website data will be refreshed.
- Link to an ED Throughput flat file placed on Hospital Compare for early, voluntary adopters.
- Link to a HAC flat file from Medicare claims placed on Hospital Compare.

October 2011

- Website data will be refreshed.
- AHRQ Patient Safety and Inpatient Quality Indicators will be added to the Website.
- Two new AHRQ PSIs will be added as this time as well:
  - Post-operative respiratory failure and
  - Post-operative pulmonary embolism or deep vein thrombosis.

January 2012

- Website data will be refreshed.
- The following new inpatient measures will be added to the Website in January 2012:
  - AMI-10 - Statin at discharge
  - Central Line Associated Blood Stream Infection (CLABSI)
  - ED-1 - Median Time from ED Arrival to ED Departure for Admitted ED Patients
  - ED-2 - Admit Decision Time to ED Departure Time for Admitted Patients

Nursing Home Compare

Find and Compare Nursing Homes

Welcome to Nursing Home Compare. This tool has detailed information about every Medicare and Medicaid-certified nursing home in the country. Before you get started, you or your family member may have other long-term care choices like community-based services, home care, or assisted living depending on your needs and resources. For more information, see Alternatives to Nursing Homes. Otherwise, follow these steps when choosing a nursing home:

Step 1: Find Nursing Homes in your area. Search by name, city, county, state, or ZIP code.

Step 2: Compare the quality of the nursing Homes you're considering using the Five-Star Quality Ratings, health inspection results, nursing home staff data, quality measures, and fire safety inspection results.

Step 3: Visit the nursing homes you're considering or have someone visit for you. Use the Nursing Home Checklist and other resources under " Additional information " below.

Step 4: Choose the nursing home that best meets your needs. Talk to your doctor or other healthcare practitioner, your family, friends, or others about your nursing home choices. Contact the Long-Term Ombudsman or State Survey Agency before you make a decision.

Find and Compare Nursing Homes

Additional Information

View or print the following:

- Medicare's Guide to Choosing a Nursing Home
- Nursing Home Checklist
- Your Rights as a Nursing Home Resident

You can also:

- Download the Nursing Home Compare Database
- View the Note to Nursing Homes
- View Important Information about Nursing Home Compare

Transparency in Veterans Affairs Hospitals

- Participation in TJC website for ORYX / HEDIS measures for years
- Secretary of Veterans Affairs made decision that VA hospitals would participate in CMS Hospital Compare in January 2010
  - Honest broker, match methods in private sector, display comparison relevant to consumers
- CMS Hospital compare (http://www.hospitalcompare.hhs.gov/)

Hospital compare
Annual data management plan

- Model Maintenance in the summer prior to data release
- Update the model with final data (Jan/Feb)
- Release hospital specific reports in Apr/ May with access to patient identifiers
- Public release in June / July 2011.

- The earliest possible date for mortality / readmission results (Jul 2011) was later than desirable.

Improving transparency in the VA

- Delay is getting comparable VA data up on HospitalCompare related to
  - CMS methods
  - Law that does not permit sharing of HCAPS data
  - VA Requirement that VA data has to be displayed FIRST on a VA website before being displayed outside of the VA
- Given delay getting VA risk adjusted mortality and readmission data public, interim solution was to build VA hospital compare (http://www.hospitalcompare.va.gov/)
  - Uses CMS risk models and SAS code
  - Updated quarterly, mortality / readmissions in 3 rolling years (PNA, AMI, CHF).
  - High and low outliers estimated at 95%CI in hierarchical model
- Process measures for CHF, AMI, PNA, SCIP posted on VA and CMS hospital compare in March 2010

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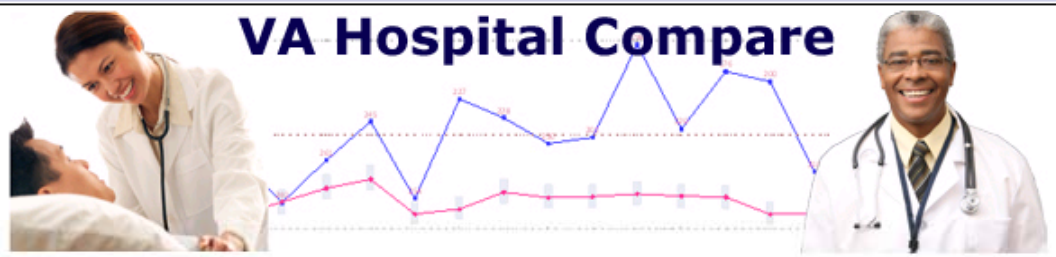
HOSPITAL COMPARE

- Hospital Compare Home
- VA Transparency Program – ASPIRE
- Medical – VA Compare
- Surgical – VA Compare
- Technical Contacts
- Additional Information
- Site Search



Department of Veterans Affairs Hospital Compare

Welcome to the VA Hospital Compare web site. This site is for Veterans, family members and their caregivers to compare the performance of their VA hospitals to other VA hospitals. Using this tool, Veterans, family members, and caregivers can compare the hospital care provided to patients

Quality Information on this web site is divided into four sections:

1) LinKS ("Linking Information Knowledge and Systems") summarizes outcomes in areas such as acute care, safety, Intensive Care and other measures

2) ASPIRE documents quality and safety goals for all VA hospitals, plus how well our hospitals are meeting these goals

3) Compare how well your local VA hospital cares for its veterans with congestive heart failure, heart attack and pneumonia

4) Tracks progress in the VA in reducing complications from surgery including infection, blood clots, cardiac, and respiratory problems

http://www.hospitalcompare.va.gov/

VA Compare Home

Comparison of Veteran Affairs Hospital Outcome Measures

State Ohio | **Diagnosis** Congestive Heart Failure | Continue

Process of Care Measures for Congestive Heart Failure at VA Hospitals in Ohio

Heart Failure is a chronic condition. Heart Failure is a weakening of the heart's pumping power. With heart failure, your body doesn't get enough oxygen and nutrients to meet its needs. These measures show some of the standards of care provided for most adults with heart failure.

Process Measures	Chillicothe VA Medical Center	Cincinnati VA Medical Center	Cleveland-Wade Park VA Medical Center	Dayton VA Medical Center
Percent of Heart Failure Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)	**100%**	**95%**	**100%**	**93%**
Percent of Heart Failure Patients Given Smoking Cessation Advice/Counseling	**100%**	**100%**	**100%**	**94%**
Percent of Heart Failure Patients Given Discharge Instructions	**97%**	**98%**	**100%**	**92%**
Percent of Heart Failure Patients Given an Evaluation of Left Ventricular Systolic (LVS) Function	**98%**	**100%**	**100%**	**100%**

21.71% is the VA National Readmission Rate for Congestive Heart Failure within 30 days Show Details

Medical Center	Lower Than National VA Rate	Within The National VA Rate	Higher Than National VA Rate
Chillicothe VA Medical Center		✓	
Cincinnati VA Medical Center			✓
Cleveland-Wade Park VA Medical Center - Cleveland		✓	
Dayton VA Medical Center		✓	

The results for the above grid are based on patients that are 65 years old and higher.

Mortality Rates for Congestive Heart Failure Patients at VA Hospitals in Ohio are Compared to the VA National Rate

Congestive Heart Failure mortality rates show you how the 30-day mortality rates from Congestive Heart Failure at the VA hospitals in the state you selected compare to the VA national mortality rate. These comparisons take into account how sick patients were before they were admitted to the VA hospital and differences in death rates that might be due to chance.

9.73% is the VA National Mortality (Death) Rate for Congestive Heart Failure Show Details

Medical Center	Lower Than National VA Rate	Within The National VA Rate	Higher Than National VA Rate
Chillicothe VA Medical Center		✓	
Cincinnati VA Medical Center		✓	
Cleveland-Wade Park VA Medical Center - Cleveland		✓	
Dayton VA Medical Center		✓	

Kicking it up a notch

- Medicare is limited to data elements commonly available in private public hospitals primarily administrative data.
- VA has much broader and more specific data available to create information.
  - Laboratory data
  - Pharmacy data
  - Outcome data including hospital acquired infections

VA ASPIRE

VA TRANSPARENCY INITIATIVE

ASPIRE

VA Transparency Program - ASPIRE

The Secretary of Veterans Affairs (VA) and the VA's Under Secretary for Health are committed to transparency – giving Americans the facts. The Veterans Health Administration (VHA) releases the quality goals and measured performance of VA health care in order to ensure public accountability and to spur constant improvements in health care delivery. The success of this approach is reflected in our receipt of the Annual Leadership Award from the American College of Medical Quality.

Raising the bar for the 21st century healthcare
Much of the data in LinKS and ASPIRE are simply not measured in other health systems – VA is raising the bar. When available, VA uses outside benchmarks but often sets VA standards or goals at a higher level. VA scores hospitals more than 30% different from the goal as underperforming or red and those only 10% different from the goal are shown in green in ASPIRE. But a red site within the VA might be a good performer compared to outside counterparts. The scoring system is designed to move VA forward. ASPIRE is not about finding fault but about helping VA to target opportunities for improving performance

ASPIRE is a dashboard that documents quality and safety goals for all VA Hospitals. This data shows strengths and opportunities for improvement at the national, regional and local hospital level. Aspire data supports the VA's mission of a continuous health care improvement program to provide the best possible care to Veterans. The database lists many "measures" and our goal for each measure. The data shows " where we are" in comparison to where we want to be. A simple example would be for blood pressure management. The goal for all veterans age 18-85 with high blood pressure is to have blood pressure readings less than 140/90. This measure shows the percentage of Veterans meeting that blood pressure goal. The data in this dashboard will be updated on a regular basis.

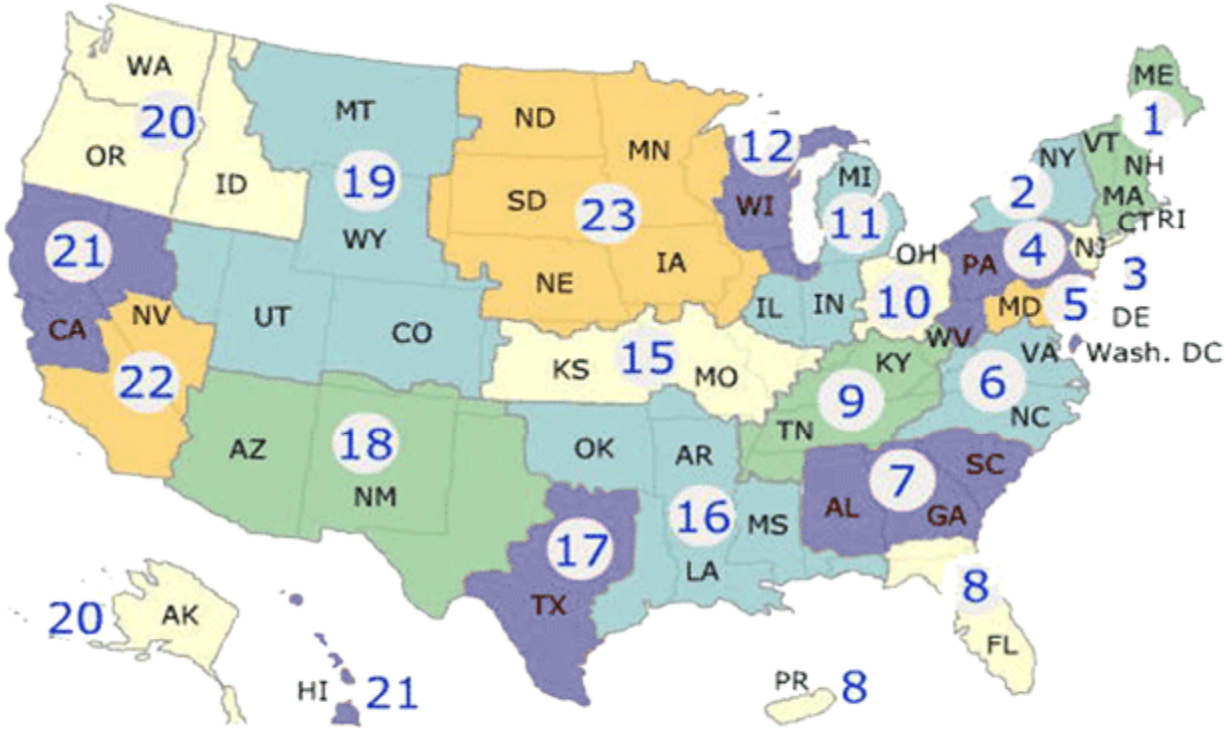
VA's Linking Information Knowledge and Systems (LinKS) is a dashboard that documents outcome measures for acute care, ICU, outpatient, safety and annual measures. This data shows strengths and opportunities for improvement at the national, regional and local hospital levels. LinKS supports the VA mission to provide the best possible care to the Veterans. The dashboard shows what we are measuring and our result. A simple example would be for smoking. We measure the percentage of veterans that smoke and what we've done to help them stop smoking such as smoking cessation classes, counseling or medication to help them quit. The data will be updated on a regular basis.

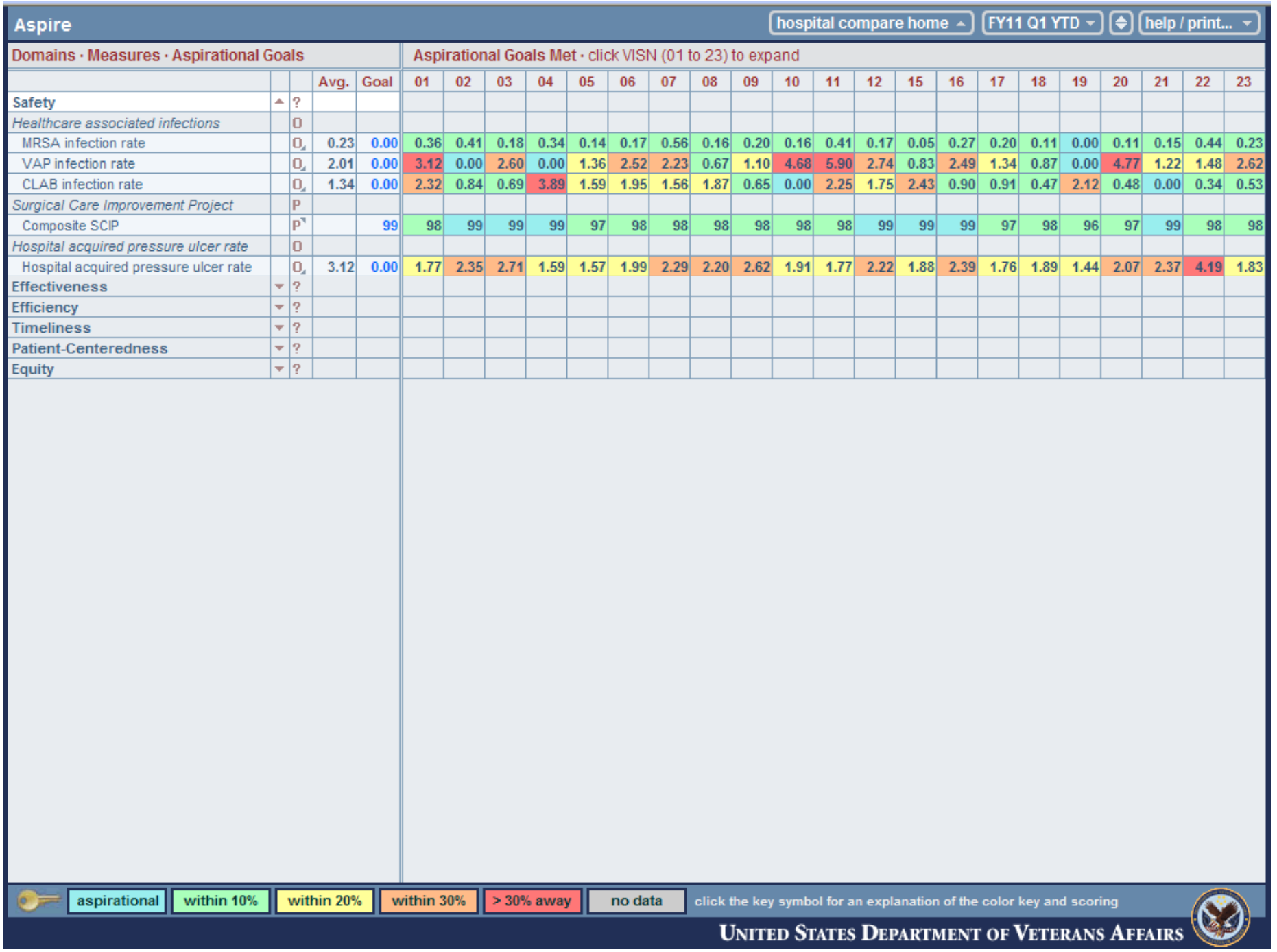
Compare a VA Hospital

VA Transparency Program - ASPIRE

VA's transparency program reports VA health care goals, successes and opportunities to improve. The Aspire and Links dashboards provide information on how VA Medical Centers meet these goals. The Aspire dashboard depicts how each of VA Medical Center measures up to quality goals and is divided into two sections: LinKS (Linking information knowledge and systems) and ASPIRE. The LinKS dashboard reports outcome and processes for acute care, intensive care unit (ICU), and patient safety measures. This type of information is made for health care professionals by statisticians and may be difficult to understand. A glossary of definitions is provided for each section . Questions can be referred to the Public Affairs office at any of our Medical Centers.

Select an area of interest from the map to see how your local medical center is performing.




Aspire
hospital compare home
FY11 Q1 YTD
help / print...
Domains · Measures · Aspirational Goals
Aspirational Goals Met · click VISN (01 to 23) to expand
Avg.
Goal
01 02 03 04 05 06 07 08 09 10 11 12 15 16 17 18 19 20 21 22 23
Safety
Healthcare associated infections
MRSA infection rate 0.23 0.00 0.36 0.41 0.18 0.34 0.14 0.17 0.56 0.16 0.20 0.16 0.41 0.17 0.05 0.27 0.20 0.11 0.00 0.11 0.15 0.44 0.23
VAP infection rate 2.01 0.00 3.12 0.00 2.60 0.00 1.36 2.52 2.23 0.67 1.10 4.68 5.90 2.74 0.83 2.49 1.34 0.87 0.00 4.77 1.22 1.48 2.62
CLAB infection rate 1.34 0.00 2.32 0.84 0.69 3.89 1.59 1.95 1.56 1.87 0.65 0.00 2.25 1.75 2.43 0.90 0.91 0.47 2.12 0.48 0.00 0.34 0.53
Surgical Care Improvement Project
Composite SCIP 99 98 99 99 99 97 98 98 98 98 98 98 99 99 99 97 98 96 97 99 98 98
Hospital acquired pressure ulcer rate
Hospital acquired pressure ulcer rate 3.12 0.00 1.77 2.35 2.71 1.59 1.57 1.99 2.29 2.20 2.62 1.91 1.77 2.22 1.88 2.39 1.76 1.89 1.44 2.07 2.37 4.19 1.83
Effectiveness
Efficiency
Timeliness
Patient-Centeredness
Equity
aspirational
within 10%
within 20%
within 30%
> 30% away
no data
click the key symbol for an explanation of the color key and scoring
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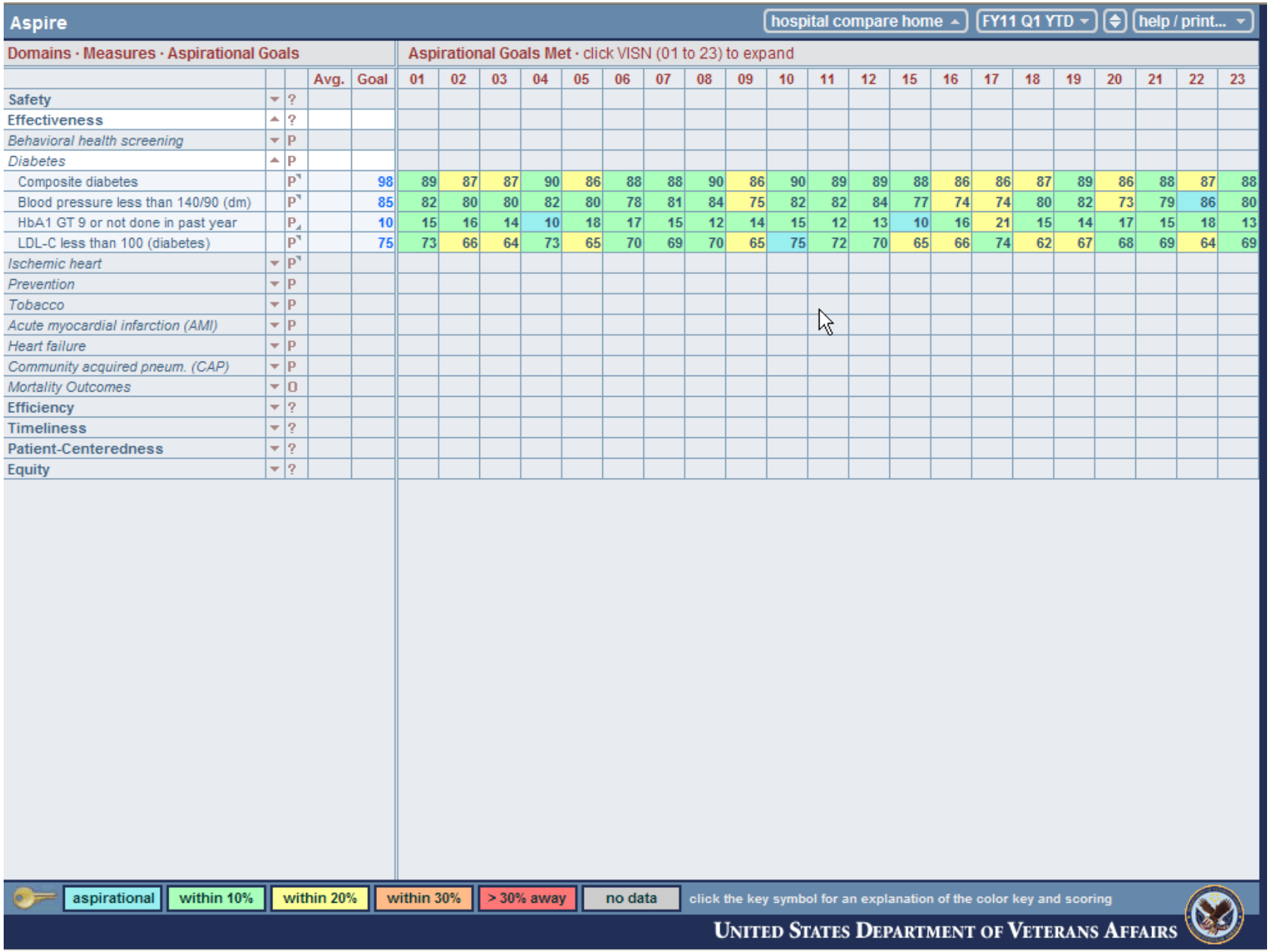
Aspire
hospital compare home
FY11 Q1 YTD
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Domains · Measures · Aspirational Goals
Aspirational Goals Met · click VISN (01 to 23) to expand
Avg.
Goal
01 02 03 04 05 06 07 08 09 10 11 12 15 16 17 18 19 20 21 22 23
Safety
Effectiveness
Behavioral health screening
Diabetes
Composite diabetes 98 89 87 87 90 86 88 88 90 86 90 89 89 88 86 86 87 89 86 88 87 88
Blood pressure less than 140/90 (dm) 85 82 80 80 82 80 78 81 84 75 82 82 84 77 74 74 80 82 73 79 86 80
HbA1 GT 9 or not done in past year 10 15 16 14 10 18 17 15 12 14 15 12 13 10 16 21 15 14 17 15 18 13
LDL-C less than 100 (diabetes) 75 73 66 64 73 65 70 69 70 65 75 72 70 65 66 74 62 67 68 69 64 69
Ischemic heart
Prevention
Tobacco
Acute myocardial infarction (AMI)
Heart failure
Community acquired pneum. (CAP)
Mortality Outcomes
Efficiency
Timeliness
Patient-Centeredness
Equity
aspirational
within 10%
within 20%
within 30%
> 30% away
no data
click the key symbol for an explanation of the color key and scoring
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Other Measures in Aspire

Aspire 2011

Domains · Measures · Aspirational Goals

			Avg.	Goal
Safety	▼	?		
Effectiveness	▼	?		
Efficiency	▲	?		
All cause 30-day readmission		O		
All cause readmission rate		O	12.5	11.0
Ambulatory care sensitive conditions		O		
ACSC rate per 1000 patients		O	30.85	
Timeliness	▼	?		
Patient-Centeredness	▼	?		
Equity	▼	?		

Aspire 2010

Domains · Measures · Aspirational Goals

			Avg.	Goal	01
Safety	▼	?			
Effectiveness	▼	?			
Efficiency	▼	?			
Timeliness	▼	?			
Patient-Centeredness	▲	?			
Patient satisfaction w/ outpt care		P			
Patient satisfaction with inpatient care		P			
Cleanliness of Hospital Environment		P	71		72
Communication with Doctors		P	75		75
Communication with Nurses		P	71		72
Communication About Medication		P	61		60
Discharge Information		P	84		86
Pain Management		P	62		64
Quietness of the Hospital Environment		P	52		44
Willingness to Recommend		P	70		72
Overall Rating of Hospital Stay		P	65		66
How Well Docs/Nurses Communicate		P	67		74
Overall Rating of Personal Doc/Nurse		P	68		76
Outpatient Shared Decision Making		P	59		64
Overall Rating of VA Specialist		P	63		70
Overall Rating of Healthcare in last 12		P	55		63
Equity	▼	?			

Aspire 2010

Domains · Measures · Aspirational Goals

			Avg.	Goal	01
Safety	▼	?			
Effectiveness	▼	?			
Efficiency	▼	?			
Timeliness	▲	?			
Outpatient responsiveness		P			
Getting outpatient care quickly		P	50		58
Getting needed outpatient care		P	50		56
Inpatient responsiveness		P			
Inpatient responsiveness		P	59		60
Patient-Centeredness	▼	?			
Equity	▼	?			

Aspire 2010

Domains · Measures · Aspirational Goals

			Avg.	Goal	01
Safety	▼	?			
Effectiveness	▼	?			
Efficiency	▼	?			
Timeliness	▼	?			
Patient-Centeredness	▼	?			
Equity	▲	?			
Clinical Composites: Male-Female		?			
Clinical Composite:White-Nonwhite	▼	?			
Inpatient SHEP: Male-Female	▼	?			
Inpatient SHEP: White-Nonwhite	▼	?			
Outpatient SHEP: Male-Female	▼	?			
Outpatient SHEP: White-Nonwhite	▼	?			

LINKS

VA TRANSPARENCY INITIATIVE

LinKS – Linking information, knowledge, and systems

VISN 22 FY2011 through Q1 Outcome Measures

2

	Acute Care			Intensive Care Unit					Surgical OE Ratio
	30-Day Rolling 12-Month SMR	30-Day SMR 95% Confidence Interval	Weighted Case Severity Index	Rolling 12-Month SMR	SMR 95% Confidence Interval	30-Day Rolling 12-Month SMR	30-Day SMR 95% Confidence Interval	Weighted Case Severity Index	Rolling 12 months to Q1 of FY11
VISN 22									
Las Vegas (Level 3)									2.36
Loma Linda (Level 1)	1.12	(1.01, 1.25)	1.12	1.02	(0.86, 1.2)	1.05	(0.9, 1.22)	1.26	1.42
Mixed				1.02	(0.86, 1.2)	1.05	(0.9, 1.22)	1.26	
Long Beach (Level 2)	0.74	(0.64, 0.84)	1.20	0.86	(0.67, 1.07)	0.86	(0.7, 1.05)	1.12	0.59
Mixed				0.86	(0.67, 1.07)	0.86	(0.7, 1.05)	1.12	
Los Angeles (Level 1)	0.73	(0.64, 0.83)	1.00	0.99	(0.82, 1.18)	0.85	(0.7, 1.02)	1.28	0.77
Mixed				0.99	(0.82, 1.18)	0.85	(0.7, 1.02)	1.28	
San Diego (Level 1)	0.80	(0.68, 0.94)	0.83	0.83	(0.61, 1.11)	0.77	(0.58, 1.01)	0.84	1.33
Mixed				0.83	(0.61, 1.11)	0.77	(0.58, 1.01)	0.84	

VISN 22 FY2011 through Q1 Acute Care Process Measures

3

	%Patients Readmitted (All Causes)	DVT Prophylaxis (High Risk Non-Op)	Throughput		CAP Composite	SCIP Composite	Heart Failure Composite	Mental Health Readmission within 30 days(FY2008Q4-FY2010Q3)	CHF		Pneumonia
			OME LOS	LOS					Ambulatory Care Sensitive Condition Hospitalizations OE (Rolling Year Ending FY2011 Q1)	% CHF Patients Readmitted (All Causes)	Ambulatory Care Sensitive Condition Hospitalizations OE (Rolling Year Ending FY2011 Q1)
VISN 22											
Las Vegas (Level 3)	9.1				★	✓		6.9	0.96	X	0.92
Loma Linda (Level 1)	13.0	69.8	0.38	5.86	✓	✓	✓	12.9	0.78	11.4	1.06
Long Beach (Level 2)	17.8	56.2	-0.18	5.24	★	✓	✓	13.2	1.08	18.2	1.27
Los Angeles (Level 1)	11.7	77.8	0.81	6.52	✓	✓	✓	8.3	0.97	16.7	1.05
San Diego (Level 1)	13.0	66.3	0.14	5.03	✓	✓	✓	7.5	0.98	40.0	0.85

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VISN 22 FY2011 through Q1 ICU Process Measures

4

	Hypoglycemia Rate in Patients Getting Insulin	Hyperglycemia Rate	DVT Prophylaxis		Throughput		AMI Composite
			Non Op	SCIP VTE prophylaxis within 24 hrs	OME LOS	LOS	
VISN 22							
Las Vegas (Level 3)							
Loma Linda (Level 1)	3.2	13.1	77.6		-0.03	3.31	★
Long Beach (Level 2)	2.5	19.0	70.7 ↓		-0.46	2.76	
Los Angeles (Level 1)	3.0	15.4	87.8	100	0.54	4.21 ↓	✓
San Diego (Level 1)	5.9 ↓	9.4 ↓	63.0 ↓		-0.14	3.02	✓

UNITED STATES DEPARTMENT OF VETERANS AFFAIRS

VISN 22 FY2011 through Q1 Outpatient Process Measures

5

	Ambulatory Care Sensitive Condition Hospitalizations OE (Rolling Year Ending FY2011 Q1)	Diabetes Composite	Ischemic Heart Composite	Prevention Composite	Behavioral Health Screening Composite	Tobacco Composite
VISN 22						
Las Vegas (Level 3)	1.06	✓	✓	✓	✓	✓
Loma Linda (Level 1)	0.91	✓	✓	✓	✓	✓
Long Beach (Level 2)	1.14	✓	✓	✓	✓	✓
Los Angeles (Level 1)	0.92	✓	✓	✓	✓	✓
San Diego (Level 1)	1.29	✓	✓	✓	✓	✓

UNITED STATES DEPARTMENT OF VETERANS AFFAIRS

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VISN 22 FY2011 through Q1 Safety Measures

6

	Infection Rates*								RCA(Root Cause Analysis) Timeliness**				Outcome Measures Due**	
	Acute Care + ICU		Acute Care		ICU									
	MRSA Infection Rate (per 1000 bed days)	MRSA Composite Screening Rate (%)	CLAB Rate (per1000 line days)	MRSA Infection Rate (per 1000 bed days)	CLAB Rate (per1000 line days)	VAP Rate (per1000 vent days)	MRSA Infection Rate (per 1000 bed days)	MRSA Composite Screening Rate (%)	Total N	% <=45 days	% 46-90 days	% >90 days	Total N	% Not Rptd
VISN 22														
Las Vegas (Level 3)	0.00	89		0.00			0.00	95	12	100.0 ↓	0	0	21	9.5
Loma Linda (Level 1)	0.00	97	X	0.00	X	1.23	0.00	98	9	88.9 ↓	0	11.1	26	3.8
Long Beach (Level 2)	0.99	87	1.13	0.91	X	X	1.97	84	8	100.0 ↓	0	0	43	16.3
Los Angeles (Level 1)	0.58	88	X	0.14	0.00 ↓	X	2.32	86	14	92.9	7.1	0	48	25.0 ↓
San Diego (Level 1)	0.18	93	0.00 ↓	0.21	X	X	0.00	97	3	100.0 ↓	0	0	70	10.0

UNITED STATES DEPARTMENT OF VETERANS AFFAIRS

VISN 22 FY2011 through Q1 Annual Measures

7

	Risk Adjusted Standardized Mortality Ratio* (RSMR) (VA: FY2008 Q2-FY2011 Q1, HRR: 2009)						Risk Adjusted Readmission Rate* (RSRR) (VA: FY2008 Q2-FY2011 Q1, HRR: 2009)						Employee Satisfaction Survey Averages (FY2010)					
	AMI		CHF		Pneumonia		AMI		CHF		Pneumonia							
	VHA	Hospital Referral Region	VHA	Hospital Referral Region	VHA	Hospital Referral Region	VHA	Hospital Referral Region	VHA	Hospital Referral Region	VHA	Hospital Referral Region	Safety	Leadership	Customer Focus	Demand	Civility	Overall Satisfaction
VISN 22																		
Las Vegas (Level 3)		16.82		11.36		12.12		20.43		24.85		18.76	3.91	3.46	3.76	3.57	3.67	3.84
Loma Linda (Level 1)	14.4	16.7	10.7	11.28	17.3 +	12.98	12.9	20.1	17.4	24.58	16.6	18.5	3.82	3.61	3.84	3.65	3.70	3.92
Long Beach (Level 2)	11.5	14.71	7.7	9.56	13.0	10.37	14.4	19.91	25.4 +	25.12	17.2	18.27	3.76	3.57	3.72	3.52	3.64	3.78
Los Angeles (Level 1)	11.6	14.71	6.8 -	9.56	13.6	10.37	13.4	19.91	17.8	25.12	14.2	18.27	3.75	3.69	3.81	3.67	3.77	3.84
San Diego (Level 1)	11.8	16.02	6.4 -	11.38	11.0	11.74	13.9	19.1	21.0	24.34	17.3	17.96	3.79	3.50	3.77	3.69	3.71	3.72

UNITED STATES DEPARTMENT OF VETERANS AFFAIRS

THE VA AND CMS COMBINED

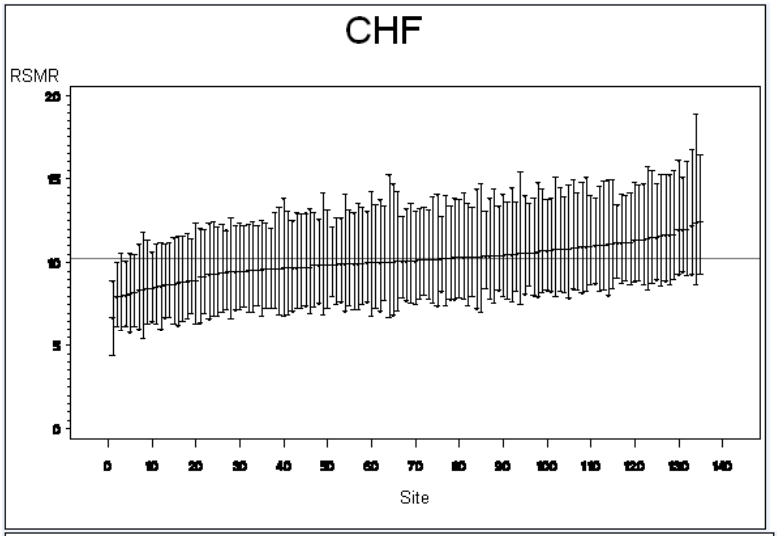
VA Transparency initiative

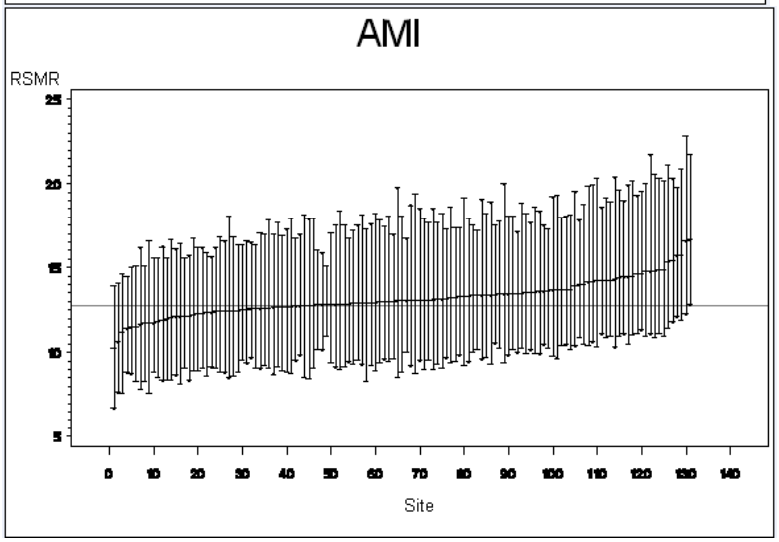
Mortality risk models

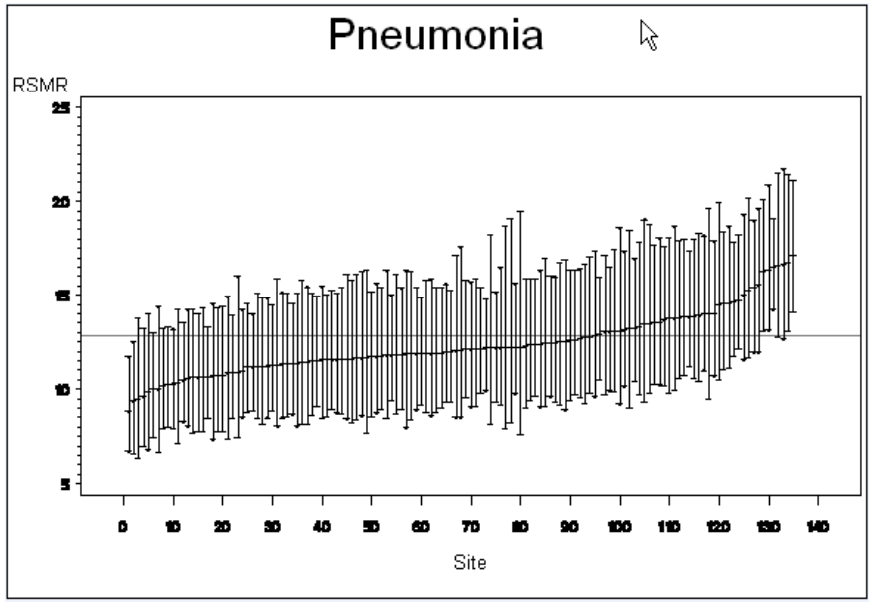
- Cohort 3 year sample (rolling in VA results)
- Administrative model
- C statistic ≈ 0.70
- Hierarchical regression model with hospital identifier as a random effect (SAS V9.2 GLIMMIX procedure)

ALL	CHF	AMI	PNA
age_65	Diabetes	Diabetes	CerebDis
Male	ValvuDis	ValvuDis	Severe_Hematological
dxHxPTCA		AMI_ant1	Parkinson_Huntington
dxHxCABG		AMI_ant2	Fibrosis_Chronic
Hx_CHF		CerebDis	Anemias_Blood
Hx_MI			Depression
UnAngina			Seizure_disorder
Atherosc			Asthma
RespFail			Vertebral_Fractures
HTN			
Stroke			
RenFail			
COPD			
Pneumon			
PCMalnut			
Dementia			
FunctDis			
PVDis			
MetasCA			
Trauma			
PsychDis			
LiverDis			

Results: Risk adjusted outcomes for VA hospitals in CMS models







Issues combining VA and CMS data

- CMS cohort
  - Fee for service Medicare beneficiaries not capitated care (HMO's).
  - Medicare beneficiaries with 12 months of enrollment (enrollment is difficult to determine in VA data)
  - Exclusions
    - Patients discharged on the day of admission or following day (and not transferred or died) or left AMA
    - Transferred from another acute care hospital or VA hospital (Attributed to transferring hospital)
    - Inconsistent mortality data
    - Hospice enrollment

Methods : CMS combining VA data

- Data source : National Patient Care database
- Case Selection: Index hospitalizations based on principal diagnosis using same ICD-9-CM codes for AMI, HF, and PNA.
- Merging with CMS data: Based on SSN, DOB, gender, linked VA patients to CMS enrollment file identifying their corresponding CMS HIC number (97% ID'd)
  - Combined VA / non federal facilities into single cohort
- Establishing hospital ID - VA stations sharing a single CMS cert number (CCN) treated as single institution
- Data differences : VA data includes 34 diagnosis and 46 procedure codes (vs 10/6); retained all diagnoses and only first 6 procedure codes in index

Characteristics of VA hospitals compared to CMS hospitals

	Case Size		RSMR/RSRR	
	All Hospitals	**VA Hospitals**	**All Hospitals**	**VA Hospitals**
AMI Mortality	117	82	15.9	15.5
HF Mortality	225	233	11.4	10.8
PN Mortality	223	229	12.0	12.0
AMI Readmission	118	87	19.5	20.4
HF Readmission	271	293	24.9	25.3
PN Readmission	231	248	18.4	19.2

Table 2 – Comparison of Frequencies of AMI Model Variables across VA and CMS Settings (in Three-Year Combined Data 2007-2009)

Description	VA (%)	CMS (%)	Combined VA and CMS data (%)
Total Number of Admissions	9,896	546,258	556,154
Crude Mortality Rate (%)	12.6%	16.1%	16.1%
Demographics			
Mean Age (SD)	77.4	79.4	79.4
Male (%)	98.52	49.11	49.99
Cardiovascular (%)			
History of PTCA	9.33	7.73	7.76
History of CABG	15.94	6.02	6.20
Congestive heart failure (CC 80)	33.58	31.25	31.30
Acute myocardial infarction (CC 81)	12.78	13.47	13.46
Unstable angina (CC 82)	16.94	13.48	13.54
Anterior myocardial infarction (ICD9 410.00-410.19)	3.84	9.91	9.80
Other location of myocardial infarction (ICD9 410.20-410.69)	6.21	13.57	13.44
Chronic atherosclerosis (CC 83, 84)	83.68	76.79	76.92
Cardio-respiratory failure and shock (CC 79)	6.58	9.08	9.03
Valvular and rheumatic heart disease (CC 86)	20.39	28.43	28.29
Comorbidity (%)			
Hypertension (CC 89, 91)	91.23	82.85	83.00
Stroke (CC 95 or 96)	11.37	8.15	8.20
Cerebrovascular disease (CC 97-99, 103)	17.92	19.59	19.56
Renal failure (CC 131)	29.97	20.41	20.58
Chronic obstructive pulmonary disease (COPD) (CC 108)	32.72	29.04	29.10
Pneumonia (CC 111-113)	21.96	24.27	24.22
Diabetes mellitus (DM) or DM complications (CC 15-20, 120)	52.21	41.93	42.12
Protein-calorie malnutrition (CC 21)	3.00	4.76	4.73
Dementia or senility (CC 49, 50)	17.03	18.17	18.15
Hemiplegia, paraplegia, paralysis, functional disability (CC 67-69, 100-102, 177, 178)	8.75	5.68	5.73
Peripheral vascular disease (CC 104, 105)	29.63	25.59	25.66
Metastatic cancer, acute leukemia and other major cancers (CC 7, 8)	5.07	3.88	3.90
Trauma in last year (CC 154-156, 158-162)	26.82	28.54	28.51
Major psychiatric disorders (CC 54-56)	9.85	6.78	6.84
Chronic liver disease (CC 25-27)	1.74	1.00	1.02

Table 7– Comparison of Frequencies of HF Model Variables Across VA and CMS Settings (in Three-Year Combined Data 2007-2009)

Description	VA (%)	CMS (%)	Combined VA and CMS data (%)
Total Number of Admissions	28,023	1,077,499	1,105,522
Crude Mortality Rate (%)	9.2%	11.3%	11.3%
Demographics			
Mean Age (SD)	77.9	81.0	80.9
Male (%)	98.37	42.88	44.29
Cardiovascular (%)			
History of PTCA	6.15	6.35	6.34
History of CABG	18.11	9.46	9.68
Congestive heart failure (CC 80)	75.82	73.56	73.61
Acute myocardial infarction (CC 81)	8.77	9.61	9.59
Unstable angina (CC 82)	11.48	13.27	13.22
Chronic atherosclerosis (CC 83, 84)	74.29	70.52	70.61
Cardio-respiratory failure and shock (CC 79)	14.25	20.79	20.62
Valvular and rheumatic heart disease (CC 86)	32.26	46.87	46.50
Comorbidity (%)			
Hypertension (CC 89, 91)	92.55	88.03	88.15
Stroke (CC 95, 96)	11.10	10.25	10.27
Renal failure (CC 131)	45.86	39.13	39.31
COPD (CC 108)	50.10	45.90	46.00
Pneumonia (CC 111-113)	30.68	43.03	42.72
Diabetes mellitus (DM) and DM complications (CC 15-20, 120)	57.37	50.22	50.40
Protein-calorie malnutrition (CC 21)	4.40	7.14	7.07
Dementia and senility (CC 49, 50)	15.98	21.51	21.37
Hemiplegia, paraplegia, paralysis, functional disability (CC 67-69, 100-102, 177, 178)	8.80	7.10	7.14
Peripheral vascular disease (CC 104, 105)	33.75	34.96	34.93
Metastatic cancer, acute leukemia, and other severe cancers (CC 7, 8)	4.64	4.27	4.28
Trauma in last year (CC 154-156, 158-162)	30.86	36.00	35.87
Major psychiatric disorders (CC 54-56)	10.77	9.02	9.07
Chronic liver disease (CC 25-27)	3.51	2.05	2.09

Table 12 – Comparison of Frequencies of Pneumonia Model Variables Across VA/CMS Settings (Three Year Combined Dataset 2007-2009)

Description	VA (%)	CMS (%)	Combined VA and CMS data (%)
Total Number of Admissions	27,970	1,101,121	1,129,091
Crude Mortality Rate (%)	11.7%	11.7%	11.7%
Demographics			
Mean Age (SD)	78.2	80.4	80.3
Male (%)	98.09	44.25	45.58
Cardiovascular (%)			
History of PTCA	2.97	3.28	3.27
History of CABG	7.63	4.46	4.54
Congestive heart failure (CC 80)	32.68	38.30	38.17
Acute myocardial infarction (CC 81)	3.66	3.66	3.66
Unstable angina (CC 82)	5.32	6.22	6.19
Chronic atherosclerosis (CC 83, 84)	47.75	46.82	46.84
Cardio-respiratory failure and shock (CC 79)	13.49	17.13	17.04
Comorbidity (%)			
Hypertension (CC 89, 91)	83.36	81.07	81.13
Stroke (CC 95, 96)	11.29	10.17	10.19
Cerebrovascular disease (CC 97-99, 103)	16.25	21.01	20.89
Renal failure (CC 131)	26.35	21.62	21.74
COPD (CC 108)	59.36	54.07	54.20
Pneumonia (CC 111-113)	36.45	42.25	42.11
Protein-calorie malnutrition (CC 21)	7.28	10.14	10.07
Dementia and senility(CC 49, 50)	24.03	28.56	28.45
Hemiplegia, paraplegia, paralysis, functional disability (CC 67-69, 100-102, 177, 178)	9.80	7.90	7.95
Peripheral vascular disease (CC 104, 105)	27.81	28.88	28.85
Metastatic cancer, acute leukemia, and other severe cancers (CC 7,8)	12.15	8.77	8.85
Trauma in last year (CC 154-156, 158-162)	31.36	36.37	36.24
Major psychiatric disorders (CC 54-56)	15.01	12.04	12.12
Chronic liver disease (CC 25-27)	2.36	1.47	1.50
Severe hematological disorders (CC 44)	3.65	3.98	3.97
Iron deficiency/anemias/blood disease (CC 47)	50.36	49.19	49.22
Depression (CC 58)	20.64	16.97	17.06
Parkinson's/Huntington's diseases (CC 73)	4.06	4.17	4.17
Seizure disorders and convulsions (CC 74)	5.28	5.51	5.50
Fibrosis of lung and other chronic lung disorders (CC 109)	11.07	16.25	16.12
Asthma (CC 110)	5.37	11.10	10.96
Vertebral fractures (CC 157)	2.10	5.12	5.04

AMI breakdown

Characteristic	VA	CMS	Combined VA and CMS
Number of Hospitals	122	4,556	4,678
Hospital Volume			
Mean Number of Admissions (SD)	81.1 (83.8)	119.9 (169.5)	118.9 (168.0)
Range (min. – max.)	1 – 657	1 – 1,345	1 – 1,345
25th Percentile	23	12	13
50th Percentile	65	45	46
75th Percentile	107	165	163
RSMR (%) (Percentiles below weighted by hospital volume)			
Mean (SD)	15.3 (1.7)	15.5 (1.7)	15.5 (1.7)
Range (min. – max.)	11.8 – 20.5	10.1 – 23.2	10.1 – 23.2
25th Percentile+	14.1	14.4	14.4
50th Percentile+	15.1	15.5	15.5
75th Percentile+	16.1	16.6	16.6

Risk Adjusted Mortality Rate

Measure	U.S. National Rate		Performance Category			Number of Cases Too Small*
			Better than U.S. National Rate	No Different than U.S. National Rate	Worse than U.S. National Rate	
AMI 30-day Mortality	15.9%	Out of 4,645 hospitals in the U.S., the number that performed…	101 (2.2%)	2,740 (59.0%)	36 (0.8%)	1,768 (38.1%)
		Out of 121 **VA** hospitals in the U.S**.**, the number that performed…	2 (1.7%)	89 (73.6%)	0 (0.0%)	30 (24.8%)
HF 30-day Mortality	11.3%	Out of 4,841 hospitals in the **U.S.**, the number that performed…	194 (4.0%)	3,880 (80.2)	119 (2.5%)	648 (13.4%)
		Out of 124 **VA** hospitals in the U.S., the number that performed…	10 (8.1)	113 (91.1)	0 (0.0%)	1 (0.8)
PN 30-day Mortality	11.9%	Out of 4,877 hospitals in the **U.S.**, the number that performed…	201 (4.1%)	4,089 (83.8%)	220 (4.5%)	367 (7.5%)
		Out of 124 **VA** hospitals in the U.S., the number that performed…	5 (4.0%)	109 (87.9%)	9 (7.3%)	1 (0.8%)

Risk Adjusted Readmission Rate

Measure	U.S. National Rate		Performance Category			Number of Cases Too Small*
			Better than U.S. National Rate	No Different than U.S. National Rate	Worse than U.S. National Rate	
AMI 30-day Readmission	19.8%	Out of 4,553 hospitals in the **U.S.**, the number that performed…	30 (0.7%)	2,417 (53.1%)	36 (0.8%)	2,070 (45.5%)
		Out of 121 **VA** hospitals in the U.S., the number that performed…	0 (0.0%)	86 (71.7%)	3 (2.5%)	32 (26.5%)
HF 30-day Readmission	24.8%	Out of 4,857 hospitals in the **U.S.**, the number that performed…	117 (2.4%)	3,969 (81.7%)	199 (4.1%)	572 (11.8%)
		Out of 124 **VA** hospitals in the U.S., the number that performed…	1 (0.8%)	111 (89.5%)	11 (8.9%)	1 (0.8%)
PN 30-day Readmission	18.4%	Out of 4,897 hospitals in the **U.S.**, the number that performed…	45 (0.9%)	4,356 (89.0%)	132 (2.7%)	364 (7.4%)
		Out of 124 **VA** hospitals in the U.S., the number that performed…	0 (0.0%)	114 (91.9%)	9 (7.3%)	1 (0.8%)

Work for the future

- Presentation techniques
  - Vary based on user of information
  - Patients use this information at transition points, not all the time
- Metrics
- Ability to drill down to ask the questions the user finds relevant
  - Diabetes proportion to HgbA1C 8%, one doc gets all high risk to 8%, the other gets all low risk to 8%.

Challenges to Public Reporting

- Selection of measures/off label use of measures
- Hospital Burden
- Dynamic measurement environment
- Unintended consequences
- Time lags and feedback
- Need for proof of effectiveness

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Next Frontiers of Public Reporting

- Clinician and consumer engagement
- Measurement of other dimensions of quality
- Scoring methodologies
- Benchmarking
- Incentives/Performance-based Reimbursement
- Health Information Technology
- Transformational change in health care

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