

Introduction to the AHRQ Quality Indicators for Hospitals & Health Systems
Tuesday, October 20, 2015

Frequently Asked Questions

Could you speak further about the specific public or private measurement programs that the AHRQ QIs are included within?

There are several CMS programs that use AHRQ Quality Indicators including the HAC Reduction Program, the Hospital Inpatient Quality Reporting (IQR) Program, the Partnership for Patients, and the Shared Savings Program. There are also several other agencies that use AHRQ Quality Indicators, but they are not necessarily for public reporting. So for instance, there are several indicators that are used by the Health Resources and Services Administration (HRSA) to do more of performance measurement for within their programs.

In terms of private programs, different payers approach this in different ways, and you may actually be getting some of the Quality Indicators through your group purchasing organizations. Many of the private payers also have some form of a value-based purchasing agreement, or your organization may be participating in private accountable care organizations, which use the PQIs, which are the Prevention Quality Indicators. So if you talk with your hospital, you'll find that they're being used in a variety of different ways and not just in pay for performance.

Is technical support available for the QI software itself?

Yes, there is technical support available for AHRQ QI products that include both SAS and Windows software and you can send us an email at qisupport@ahrq.hhs.gov. There is also a set of Frequently Asked Questions available on the website to answer common questions, including some technical questions

How often the national benchmarks are updated, and what's the most recent data?

The benchmark data is updated for both the software platforms on an annual basis. The most current version of the benchmark data available in the current version of AHRQ QI software, which is version 5.0, is from the year 2014.

What can I expect from the return on investment module in the AHRQ QI Toolkit?

As part of the Toolkit, there is a module for return on investment. It explains to you how to calculate the return on investment, starting from the very beginning with some of the things that you need to identify to include on your return on investment, how to calculate it, how to promote this information within your organization, and next steps once you have the ROI calculated for an AHRQ QI. It boils it down to dollars, and every organization is always thinking about that!

What is the role of the AHRQ QIs in reflecting care transitions, especially thinking about hospital to home?

Many of the Prevention Quality Indicators are designed to be calculated at a population level, so it will help you and your organization identify those things that will help prevent people from

ending up back in the hospital. For example, there's a series of diabetic measures in the PQIs that if you can prevent diabetic patients from experiencing these, then you will prevent a readmission or an admission in the first place.

Do I have to use all of the AHRQ QIs together, or can I just focus on one or a few of the AHRQ QIs?

With the AHRQ QI software, you have the option of selecting which indicators you want to see reports for. This means that you can use all of the indicators together, focus on a specific module, or even focus on just one or two indicators. You can pick and choose whatever indicator or indicators are most appropriate for your organization's priorities.

Are the AHRQ QIs appropriate for public reporting?

They are, and AHRQ has a free software program that's available called [MONAHRQ](#), that is available on the AHRQ website. It's designed for public reporting and you can do it at a hospital level, at a health system level, at any level that you need. That's a very easy way, to use the AHRQ QI results in either public or private reporting, but there are other types of public reporting, where AHRQ QIs are used as well.

One of the facilities shared that they share cost of cases that have Quality Variation Indicators to their leadership and finance. Can you say anything more about how that dollar value is calculated?

Yale New Haven Health System, put together this unique program where they combine both the financial perspective and the quality improvement perspective. It's a specific calculation approach that they use that we don't have the particular details of right now. We're following up with Yale to talk with them about what advice they could share for others to be able to follow implement similar approaches.

Who develops the AHRQ QIs?

The AHRQ Quality Indicators are developed by the Agency for Healthcare Research and Quality in conjunction with our partners from Stanford and Truven.

Are there any QIs under development for the behavioral health population, and if so, could you say anything about the timeline for that?

Not at the moment, but there has been some discussion about working with SAMHSA to see if there are certain behavioral health indicators that could be weaved into the current quality indicators, but I do not have further information about it as of now.

Does the AHRQ QI software use all of the codes in the claim, or is it limited to 25 diagnosis and procedure codes?

It is limited to a certain number of codes. You can upload up to 32 diagnosis codes in both the WinQI and SAS programs.

Like many states, we have a number of rural counties that have a relatively small number of any given event on an annual basis. Is it possible to combine data years in order to produce more reliable rates, or are there other methods recommended to address reliability in areas with a few events in a given year?

We have had other users with the same challenge of smaller sample data or size. So yes, people have tried combining multiple years of data to upload to AHRQ QIs software. There's one caution here. If you are computing the provider-level indicators, then it's absolutely fine to combine multiple years of data and have the rates. Those will be accurate because the distinction here is the denominator population, which is different for area versus provider. I think you also noted here that the area population is what will be different because it's based on annual population rate. One other workaround that we suggest to people is to export your output so you have a numerator, and then you can certainly change the denominator based on your number of years that you're including to get to a more accurate rate. If you're relying on the report from AHRQ QI software, those won't be accurate for the area reports if you're using multiple years.

How is Cleveland Clinic using the 3M software to get real-time reports of the PSI events?

Cleveland Clinic is using one of the new modules in 3M's 360 Encompass platform. For more information about how this works, we suggest contacting 3M directly.

A recording and transcript of the full webinar is available on the AHRQ QI website at qualityindicators.ahrq.gov. For answers to additional questions and technical support for the QIs, including the QI software, please email qisupport@ahrq.hhs.gov or, if you're in the US, call (301) 427-1949. Messages are responded to within three business days.