

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

**Transcript**

>>DIANE STOLLENWERK: Good afternoon, everyone. We're very pleased to have you join us today for the webinar on the AHRQ Quality Indicators. Hopefully, this will provide you with a wonderful overview of the AHRQ Quality Indicators and give you some very interesting information that will be helpful and useful to your organization.

I want to make a few announcements first, so go ahead and go to the next slide, please. So this webinar will be recorded, and you'll be able to get a copy of the recording on the AHRQ QI website. Undoubtedly you'll be interested in the information that's shared, so I just wanted to make sure that you're aware of that. All of the participant lines are in listen-only mode. That being said, we are very interested in your comments and questions. So if you take a look to the left side, excuse me, the right side of your screen, you'll see a panel where you can type in your questions under the question feature at any time. However, we want to make sure that we are able to get through the material, so we will answer the questions only during the Q&A session. Your questions will be visible to the moderator, so we will certainly be tracking that to make sure that we get as many questions answered as possible. We do have a request. Sometimes organizations have several people who are calling in from the same room or the same location. Clearly, if you're in the same room, please use the same, only use one telephone line. If you are able to come together into the same room, it would be great if you could use one phone line, just because we've got so many people registered for this webinar. We want to make sure we don't run out of phone lines. Certainly, if you're set up already, no need to move. But if you do have that option and it's easy, that'd be great. And then one other thing, if you have any technical difficulties, Erin Johnson is available and you can reach her at the email address you see on your screen, [ejohnson@air.org](mailto:ejohnson@air.org), or you can call her at the phone number listed and she can help with any technical issues that you might have.

So let's move on to the learning objective. Today, what we're hoping will occur is that at the end of this one hour that you're spending with us, you will see some opportunities about the AHRQ QIs that you'll be able to turn around and propose within your organization. We want to make sure that you get very useful information. So one of the learning objectives also that we're hoping that you will be able to match features of the AHRQ QIs with your own organization's goals, so you'll see something in this presentation that you can immediately identify as being valuable to your organization. And then finally, we want to make sure that you come away from this webinar knowing where you can get additional resources that will support the use of the AHRQ QIs within your organization.

So with that said, I want you to go ahead and we'll be posting another poll, and that way we can give people a little bit more time as they log in to the webinar, and we're going to be using the responses to these polls to help us plan for future meetings and such, so it would be great if you would go ahead and answer the poll questions that you see here. So you should be able to see, in

what capacity do you currently use the AHRQ QIs, if at all? And if you would answer that poll question, that would be great. And for those of you who are just joining us, welcome to the AHRQ Quality Indicators Webinar, and perfect timing to be able to answer the poll question. This is information that we will find useful in our future planning. So give a minute or so if people are answering the questions. So thank you for answering the poll questions.

One of the things that I want to make sure that you're aware of is that we know that many of the AHRQ QI users are interested in information about the AHRQ QI transition to ICD-10. The AHRQ QI website now includes a page that's got dedicated information about the ICD-10 planning. So please check your chat box for a link or a URL that will take you directly to the page of news and announcements of the section on the AHRQ QI home page and that's where you'll be able to find the ICD-10 information. We will not be addressing ICD-10-related content or questions during today's webinar, but we do want you to know that there are resources available on the website regarding any issues or questions you might have with ICD-10.

So go ahead and move to the next slide. The agenda for today, we're going to cover some quick introductions. We've been welcoming folks as they've been logging in to the webinar. We'll give you an overview of the AHRQ Quality Indicators, and then, also, give some examples of how various hospital systems around the country have been using the AHRQ QIs and the types of impact that we know the AHRQ QIs have had on those systems. And then we'll cover a bit about the advantages and some of the limitations and the updates to the AHRQ QIs, so you'll be current on where that work is at this point. And then some guidance and information about how to get resources regarding the AHRQ QIs, and then we will make sure that there's at least 15 minutes or so at the end of the webinar to answer your questions that you submit. And again, if you take a look, you'll see there's the field where you can submit questions. Please feel free to submit questions at any time during the webinar, and it's during the Q&A section that we will address those questions.

So with that, I'd like to turn this over to Mia DeSoto. She is a health scientist administrator at the Agency for Healthcare Research and Quality, where she oversees the maintenance and logistics of the AHRQ QI indicators, in terms of technical assistance, and outreach and dissemination. She also leads the Pediatric Quality Indicators module. In her work as a health services researcher, she's been involved with the agency's various quality measurement initiatives. So Mia, I'll turn it over to you.

>>MIA DESOTO: Thank you. Good afternoon, or good morning, depending on where you are. I'm very pleased to welcome you all to the AHRQ Quality Indicators webinar on hospitals and health systems.

Today we have with us two excellent panelists. First one up is Dr. Cheryl Fahlman. She's a principal research scientist in the health and social development group at AIR, where she leads AIR's work in supporting the AHRQ Quality Indicators. Before joining AIR, Cheryl gained significant experience with the QIs, both as a clinician and a researcher. She has worked with CMS to test and validate measures for the Medicare Shared Savings Program, including the

AHRQ Prevention Quality Indicators. She has also worked to educate clinicians about the Quality Indicators during her time at Premium Healthcare Solutions and was a part of the team that focused on incorporating the Inpatient and Patient Safety Quality Indicators into all of their learning collaboratives and software programs.

Then we have with us Diane Stollenwerk, who leads a consulting firm that is a part of the AHRQ QI project team. Her focus is on measurement reporting and engagement of stakeholders to improve health and healthcare. In addition to working with public and private sector clients on health policy implementation issues, Diane is an appointed commissioner on the Healthcare Commission, overseeing performance measurement, public reporting, and data exchange in Maryland. She is a former vice president at National Quality Forum and was a founding director of the Washington Health Alliance, a multi-stakeholder group in the Pacific Northwest. Just like Diane mentioned before, the objectives of today's webinar are to help you propose opportunities to use AHRQ QIs, align your organizational goals with those of AHRQ QIs, and help you identify the sources that we make available to our users. With that, I'm going to turn it to Cheryl Fahlman to begin the webinar.

>>CHERYL FAHLMAN: Thank you very much, Dr. DeSoto. We really appreciate your participation in this webinar.

Now, before we get started, I would like you to sort of think about some of the reasons why you might want to be interested in the AHRQ QIs. And as clinicians and people who work in hospitals, there is this overwhelming need to improve patient safety and patient quality within the hospitals, but how do you know what to focus on? How do we even know what we're doing? And how do we get started? And I'm sure everyone on the call has thought those questions at one point or another. So what we want to do is to help provide you with an overview of the AHRQ QIs and then we'll go on and talk about some specific case examples from health systems that have implemented the AHRQ QIs.

So what are the AHRQ QIs? Basically, they're a set of standardized, evidence-based quality measures that are available through AHRQ and have free software available for download from the website that allow you to calculate your quality improvement, or your quality measures. Now, there's software available for both SAS and WinQI. There's documentation, and there's also technical support available for both of those programs, if you're interested. The software uses readily available claims data to calculate the QIs, so your hospital can run their own data through the program, or you can use it at the hospital system level if you have more than one hospital that wants to participate, or you can use the Medicare claims, or Medicaid, that CMS provides. Basically, these QIs can be used for a number of different areas; for performance improvement, for pay for performance initiatives, for public reporting, and we'll provide some examples of this a little bit later on in the presentation. And just so you know, all of the AHRQ QIs regularly undergo rigorous testing and many of them are endorsed by the NQF.

So what are the modules; what do these things cover? The first area that we want to talk about are the Patient Safety Indicators. These focus on avoidable hospitalizations and they're for adults only. Examples include things like pressure ulcers, post-operative sepsis. Then the other

hospital-based set of indicators are the Inpatient Quality Indicators. And again, these are for adults only. And they focus on mortality and morbidity, utilization, volume. So this covers a wide range of measures, and for any organizations that are participating in some of the public programs, you are very familiar with these, because they're part of the reporting process. Then there is also what are called Prevention Quality Indicators. These are for ambulatory care sensitive conditions, so you're looking at conditions that could be treated in an outpatient setting, but may end up in an inpatient setting. So you're looking at things like low birth weight, UTIs, diabetic dehydration, things like that. These tend to be reported at the county level, so you're looking at a population-based measure rather than a hospital-based measure. Then the final area are the Pediatric Quality Indicators. And as the name indicates, these are for children 18 or younger, and they include neonates. So it covers a wide range of conditions that are applicable to young children, and these are only hospital-based.

Now, what do these measures look like? You've heard me talk about them. Many of the measures are reported as observed per 1000 discharges, so what you see here are examples taken from the 2012 benchmark rate tables that AHRQ has on the website. These are published along with the software updates, so you can look at these measures and compare your hospital to these. It also gives you an idea of what is happening throughout the country. Now the rates can vary greatly, depending on what you're doing and what the measure is. So there's no right rate, but you can compare yourself to what is happening at the national benchmark. And if you're far above it, it gives you an indicator of where you may want to look for opportunities for improvement. And if you're far below it, you may have something that you want to share with other hospitals, because you've figured out how to drop those rates.

Now, one question that consistently comes up is, are these risk-adjusted? And some of them are risk-adjusted to the population where they're needed. And that information is available in the documentation. There are measures that are produced that will have stratified rates that indicate higher risk or lower risk populations, and all the numerator, denominator, and rates by age, sex, and payer strata are available in the benchmark tables. So if you're interested in comparing Medicare, Medicaid, commercial, that information is available. So what do we do now? Now before we get into the details, we would like to talk a little bit about how organizations use these QIs. So Diane, go ahead.

>>DIANE STOLLENWERK: Alright. Well, thank you very much. So if you could go back one slide, that would be great.

So first I wanted to let you all know that one of the things that we're finding is very exciting is the opportunity to talk with hospital systems around the country to find out how they're using the AHRQ QIs. What impact have they found in using the AHRQ QIs, and how have they been able to not only improve the quality of care, but also to learn about other ways that their organization has benefited from using the AHRQ QIs. So we're going to share with you just a quick overview of some of the lessons that we've learned from hospital systems who've been willing to chat with us and share with us what they've gone through and what they've learned with the AHRQ QIs.

So we'll start with an example from Cleveland. The Cleveland Clinic, they set out the goal of improving patient safety, particularly by focusing on the Patient Safety Indicators. And back in 2010, they decided to implement the PSIs frankly because of the focus that was placed on these measures by private payers in reimbursement programs. The reality is, they've looked at what was affecting them financially, and decided that they needed to focus on the PSIs. And then they looked at their baseline performance, as Cheryl was describing, and they saw that they were in the lowest quartile compared with their peer institutions on some of the indicators, so they saw it as being a great opportunity for improvement. So when they went through the implementation process, one of the things that they started with right away was to look at ensuring that how they were coding the work that's done in their hospitals was being coded accurately. And that became very important in the process, and I'll explain to you in a minute why. But not only for the results, but they saw some other impact because of that. But what they're able to also then do was by using 3M's 360 Encompass platform, they are able to flag any Patient Safety Indicator event in real time. They also generate quarterly reports benchmarking how they're doing on their PSIs, and they share those reports with their board of directors. So the board of directors, the highest level in the organization, tracks how they're doing on the Patient Safety Indicators, and they also post the results publicly. So one of the things that they found by addressing the coding issues is increased clinician trust in the data that they have within their organization, but also in the results that they generate from the Patient Safety Indicators. They have also been able to allocate resources, more resources, to improving patient care because they were able to show how important it was because of their performance on certain PSIs, or Patient Safety Indicators. The best thing, I would say, the most exciting thing, is that they're able to detect safety issues while the patients are still in the hospital. So the impact on the patients themselves is very real, and the positive benefit. So clinicians review the clinical quality pathways and they're able to address the issue before the patient is discharged, which really brings it home to the most important aspect of patient-centered care and improving safety for patients. And they're very proud to share with us that they've seen a dramatic improvement in their performance. As you can see the quote on the slide there, that their last nine-month report put Cleveland Clinic in the top 10% of performance for all of the PSIs, relative to where they started. They're very, very proud of that achievement and it's very exciting from our perspective as well.

So another example from Yale New Haven Health System. Now they shared with us that their primary goal for using the Patient Safety Indicators, and again, there are many AHRQ QI modules, but they, too focused on the Patient Safety Indicators as part of an initiative to not only improve quality, but also to reduce cost, to really address the financial issues around high-cost healthcare. So they not only said that they were going to improve quality, but they understood the link between improved quality and reduced cost. And they set out a goal to reduce their cost per case by about 20%, which is not a minor feat. So in doing this, they developed a unique program. What they did was, they tracked 27 Quality Variation Indicators, as they called them, which includes selected AHRQ QIs, such as the pressure ulcers, perioperative hemorrhage, or hematoma, the DVT/PE AHRQ QI, and then the postop wound dehiscence. So by using those AHRQ QIs in addition to other quality measures, they've developed what they call the Quality Variation Indicators. And what this did, by doing this they brought together both the clinical and the financial leaders who've received monthly reports that show the cost of cases that have this

Quality Variation Indicator, versus those that don't. In other words, when there was a quality problem or event, they were able to say, "Well, what is that costing us, as well?" So moving on to the next slide, what they found from that was that, first and foremost, it created the space to have a meaningful dialog internally between their leaders focused on the financing of care, and their leaders focused on the clinical quality of care. And they thought that that was one of the biggest impacts from using this approach involving the AHRQ QIs. They were also able to identify a really strong concordance between the results that they would get from using the clinical registry data and the quality variation results that were based on claims data. Again, the quality variation results included use of some of the PSIs. And by linking some of the specific quality issues, the cost variation, they were able to really measure how much quality improvement efforts also improve or reduce the cost per case. And what they've been able to achieve is they've been able to reduce the cost while improving safety for patients. Between 2012 and 2014, they were able to reduce the expense per equivalent discharge by almost 5%. In addition, they've been able to pass that improved value, again, better quality at a lower cost, pass that improved value on to payers by reducing their billing per equivalent discharge, reducing it by 6%, which is something that they feel very strongly is quite noticeable and important to payers.

So another example, I'll share with you just one more example. This is coming from Essentia Health. And Essentia Health set out their goal of improving patient safety and also their positioning regarding pay for performance arrangements by focusing on a subset of the Patient Safety Indicators. They focused on 10 of the AHRQ PSIs. Particularly, their original focus on the Patient Safety Indicators was because of the value-based purchasing arrangements, and the fact that purchasers have been really focused on the AHRQ Patient Safety Indicators. So this, Essentia Health, is a private, non-profit, integrated health system, and they've got facilities in four states. They told us that their benchmark performance in 2013 revealed some opportunities for improvement. So what they did was they decided to first look at, particularly starting with PSI 09, which has to do with perioperative hemorrhage, or hematoma. And they looked at the procedures that seemed to frequently cause the hematoma, hemorrhage, or some kind of bruising. And by first looking at what those procedures were, they were able to discern that there was an increased occurrence of the hematomas, or hemorrhaging, when a new hemostatic wrist band was used associated with angiograms. When they identified the wrist band as being an issue, they were able to bring together a diverse group within their facilities consisting of physicians, nurses, and folks from the education department, to say, "What's the better process for using the wristband, and then how do we make sure that that improved process spreads throughout the organization?" So by doing this -- go ahead and go to the next slide -- what they told us that they were able to do is they were able to, through the new process, educate throughout their organization and it created a consistent implementation about use of the wristbands. And they were able to significantly decrease the incidence of the perioperative hemorrhage or hematoma. So by using provider engagement and consistent education efforts, it's led to safer patient care, and then improvement particularly on this PSI rate, this PSI 09 rate.

So as you can see, those are just a few examples, each from a slightly different angle of why they might have been interested in using the AHRQ QIs, what their ultimate goals were, how they

approached it. But they all have been able to show improvement, which positions them better in terms of being a higher-quality, an organization that provides higher-quality care; an organization that provides safer care for their patients, and organizations that also are able to contain costs more effectively because of their use of the AHRQ QIs, but also how they played that out from an implementation standpoint throughout their organization. What you see on your screen is a quick snapshot of a number federal initiatives that use the AHRQ QIs. The reason why we thought this would be valuable to share with you all is because we've been hearing from the hospital systems that are using the AHRQ QIs how this was one of the reasons why they've decided to use the AHRQ QIs internally. Because of purchasers, because of the federal programs and other payers who are very interested in the quality improvement efforts, and particularly documentation, through the use of measures such as the AHRQ QIs. You'll see the list of programs that are examples and all of the AHRQ QI modules are used in some or another of the programs that you see listed here. The hospital-associated condition, or HAC Reduction Program, the Hospital Inpatient Quality Reporting Program, Hospital Value Based Purchasing, Shared Savings, Partnership for Patients, the CMMI Healthcare Innovation Awards. Hospital Compare publicly reports some of the AHRQ QIs results, the Accelerated Development Learning Sessions for ACOs, which is through the CMMI program, and then also Home and Community-Based Services, use a couple of the AHRQ QI modules. So you can see all of the modules are incorporated in one or more of the federal programs you see listed here. This, of course, is not addressing all of the federal programs, and it's not addressing any of the private sector programs that we know also use many of the AHRQ QIs.

So with that, I'm going to turn it back over to Cheryl. I do want to remind you all, if you have comments or questions, please feel free to use the questions feature in the control panel that you have with the webinar. We are very interested in being able to address any questions you have. You can type those questions in any time, and then when we get to our question-and-answer session, we will be addressing the questions that you submit. So Cheryl, turn it back to you.

>>CHERYL FAHLMAN: Thank you very much, Diane.

Now we've talked a lot about what AHRQ QIs are; how different health systems use them. But why should you be interested in using it? Some of the advantages of the AHRQ QIs are that they cover a really broad range of conditions, procedures, and populations. There are over 90 individual measures that cover everything from diabetes and asthma to breathing things in after surgery. So it covers a broad range. They also look at both inpatient and outpatient situations. The really nice thing is that they use readily available administrative data, so that means no chart reviews. There's publicly available documentation and software that is available free of charge, and we'll provide you with the links for them at the end of the webinar. These are off-the-shelf tools. There's also technical assistance available, along with a frequently-asked questions.

The AHRQ QIs provide actionable data. So for hospitals you can use the AHRQ QIs to monitor your performance over time. As we saw with our examples earlier, they used their own data and were able to effect change in a relatively short period of time. These numbers can be used to help you identify and motivate people and your staff of where you might want to look for performance improvement opportunities. You could also look at the results and track back to

individual charts, or individual patients, so that you can identify data issues versus quality problems. As we saw, it was the wristbands for the angiograms that was causing problems, and it wasn't a coding problem. As we also saw, there's nationally-available benchmark data. So it'll give you an idea of how you compare to the rest of the country on those measures, okay?

But, as with anything, there are limitations to them. Most of these are outcome measures, so while they're easier to measure, they may be harder to do anything with, when compared to process measures. As most people know, anything that relies on administrative claims does not necessarily provide all of the clinical detail that clinicians may want. But the other thing to keep in mind is that how good the measure is also depends upon the accuracy of the documentation in the coding. And as we saw in the first example, it does vary by institution but it can be changed, and that will help you identify your opportunities. If you're using your own data to calculate the AHRQ QIs, the data lag is dependent on how quickly your organization processes the data. If you're using other data sources, like HCUP, or other aggregated data sets like Medicare Claims, there may be a data lag until that information is up to date. But, as with almost any measure, or quality indicator, that's based on administrative data, this is a common issue. It is not just the AHRQ QIs.

So why do you want to do it? That's always the question, and you have to justify this. We all know that the healthcare landscape has changed dramatically in the last five to ten years, and it will continue to change with that. There's new delivery and there's new payment models; there's new practice patterns, there's more evidence to go along with it. And also more data to support our ability to identify these opportunities and effect change. There is an increasing focus on measurement, particularly for new pay for performance programs and new quality improvement initiatives, like Partnership for Patients, which I'm sure many of you are already participating in. So what does that mean? Okay, measurement has to keep up. If measurement and the QIs are to remain relevant, they keep up. And they do. And while the AHRQ QIs may have been around for a while, they are definitely not static. They are reevaluated on an ongoing basis. They're refined. The specific indicators are refined using expert feedback. We sometimes use NQF committee reviews. User feedback to the technical assistance queries that are submitted are also incorporated in. And each of the QIs undergoes regular reviews of the evidence that is surrounding those indicators. So this all includes implementing changes in clinical practice. So, okay. Basically that means that we also conduct annual coding reviews, so those are in line with what's happening right now.

So how do you implement them? I'm sure by this point, you're all gung-ho and you want to go do it. AHRQ heads created a Toolkit that is available for download. This helps you assess your readiness to change and the environment. How do you apply the QAs to the data that you actually have? How do you understand this? It also helps you identify potential quality improvement priorities, because you can't do everything at once. You have a finite number of resources and you have to focus. And the QI Toolkit also provides some ideas for implementation improvement that you might be interested in. It helps you monitor your progress, and it also provides a return on investment module as part of it, which I'm sure all of your organizations are interested in. But if you go to the website listed at the bottom of this page, there

are other resources available for you also. And here are a few more. As I said, the software is updated on an annual basis. It's available for download at the web link we provide. And there's technical assistance, and this webinar will also be posted online. So I think that's it for now. Diane?

>>DIANE STOLLENWERK: So while the resources page is up there, I want to point out a specific item, and that is the email address that you see, [qisupport@ahrq.hhs.gov](mailto:qisupport@ahrq.hhs.gov). That's a very handy email address to keep. If you have questions about the AHRQ QIs, if you have any concerns, if you are trying to find something and you're not able to find it on the AHRQ QI website, send an email to the [qisupport@ahrq.hhs.gov](mailto:qisupport@ahrq.hhs.gov), and the team there will be able to answer your questions. This is a free support line, so it doesn't cost anything but your time. So I just wanted to highlight that as a very important resource.

So with that, we're going to go ahead and shift over to the questions and answers. But before we do that, I'd like to put up the last poll, and this third and final poll is we're very interested in learning from you about the topics that you're most interested in knowing more about, related to the AHRQ QIs, because we are planning future webinars, and so we certainly want to make sure that what we are doing is useful to you and your colleagues, so please go ahead and answer the questions that you see on your screen, the poll question, and then we will be going to questions and answers. So once you've answered the poll question, please don't forget that you can submit your questions and comments in the control panel under the tab that says 'questions', and we will then be able to answer your questions and have a discussion about that. So give another minute or so, so people can go ahead and answer the poll question.

Well, we will switch back to questions and answers. Okay, so with that, a first question -- [silence] Alright, so, one of the questions is, "Could you speak further about the specific public or private measurement programs that the AHRQ QIs are included within?" So there are a couple of people here who might be able to speak to that. Mia, Dr. DeSoto, if you want to speak to the bigger picture regarding the AHRQ QIs use in federal programs, and then perhaps Cheryl will speak to private sector programs.

>>MIA DESOTO: Sure, thank you. So there are several CMS programs that use AHRQ Quality Indicators as was mentioned during the presentation. We have the HAC Reduction. I think we have the IQR, which is the -- and the Physician Quality Reporting Program, so there are several programs in CMS that use AHRQ QIs. We also have 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 [unintelligible] to do more of performance measurement for within their programs.

>>CHERYL FAHLMAN: Great. In terms of public programs, or 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 even 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. Diane?

>>DIANE STOLLENWERK: Alright, thank you. So a couple of questions have come in that I'm going to turn over to Vivek Kumar, who is the technical lead in terms of developing the AHRQ QI software. So two questions for you, Vivek. One is, "Is technical support available for the QI software itself?" And then another question is, how often the national benchmarks are updated, and what's the most recent data?

>>VIVEK KUMAR: Thanks, Diane. To answer the first question, 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](mailto:qisupport@ahrq.hhs.gov). This is also available online for you to look at. For the second question about the benchmark data, the benchmark data is updated in both the softwares on an annual basis. The most current version of the benchmark data available in the current version of AHRQ QI softwares, which is version 5.0, is from the year 2014, is what the benchmark data is. That's baseline for year 2014.

>>DIANE STOLLENWERK: Thank you. Thank you. So there was a question about the AHRQ QI Toolkit, specifically wanting a little bit more information on the return on investment module for the AHRQ QI Toolkit. So Cheryl, could you speak to that?

>>CHERYL FAHLMAN: Okay. As part of the Toolkit, there is a module for return on investment, and if you were to go look at it, it will explain to you how to calculate the return on investment, starting from the very beginning of what are some of the things that you need to identify to include on your return on investment, how do you calculate it, how do you promote this information within your organization, and sort of what are the next steps once you have the ROI calculated for an AHRQ QI? It boils it down to dollars, and every organization is always

>>DIANE STOLLENWERK: Well, thank you. So I have another question for you, Cheryl.

>>CHERYL FAHLMAN: Okay.

>>DIANE STOLLENWERK: One of the things that several people have asked about is regarding the role of the AHRQ QIs in reflecting care transitions, especially thinking about hospital to home. It seems to me that there's some connection with the Prevention Quality Indicators here, wouldn't there be?

>>CHERYL FAHLMAN: Yes, there is. 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 back in the hospital for things. 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. So did that help?

>>DIANE STOLLENWERK: Absolutely, absolutely. So another question that's come in from the audience is, "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?"

>>VIVEK KUMAR: So in terms of using, versus in terms of producing, you can produce all AHRQ QIs together using either one of the softwares, but it's up to you how you want to use them for your reporting. There are some AHRQ QIs that are good for internal reporting, but there are some that can be used for public reporting. So the uses varies, but yes, you can produce all AHRQ QIs together, or you can choose the modules they want to produce the report for.

>>DIANE STOLLENWERK: So if I want to just use one AHRQ QI, can I do that? Can I calculate the result for one AHRQ QI? Or just a few?

>>VIVEK KUMAR: Yes. The calculation is done all at the same time, but the reports is where you can choose one AHRQ QI to report versus all. But the calculation is done all together in one time.

>>DIANE STOLLENWERK: Alright. So the calculation is done all together, but there's no, I guess, much more finer point on it, you're absolutely welcome to use just one AHRQ QI. If you want to zero in and just use PSI 9, you're absolutely welcome to do that. There's nothing that requires that you use an entire set of AHRQ QIs in the given module, that you use all the modules; you can pick and choose whatever AHRQ QI, or AHRQ QIs, are most appropriate for what your own organization priorities are. So question for you, Cheryl. Are the AHRQ QIs appropriate for public reporting?

>>CHERYL FAHLMAN: Actually, yes, they are, and AHRQ has a free software program that's available called MONAHRQ, M-O-N-A-H-R-Q, and it's available on the AHRQ website. We can provide that information. When we post this webinar, we can provide that link. 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.

>>DIANE STOLLENWERK: And so that's a very easy way, actually, to use the AHRQ QI results in either public or private reporting, but there are other types of public reporting as well, where AHRQ QIs are used. But the MONARQH is free software that would make it very easy, so Cheryl I would agree with you on that. Another question is, one of the facilities shared that they; one of the facilities said 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? I will say, and this is Diane, and I will say that having talked with the folks at the Yale New Haven Health System, who have 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 right here in the webinar, but one of the things that we're following up with Yale is to talk with them about how there may be advice that they could share, advice that they could share, for others to be able to follow in the same footsteps. So in terms of the specific calculation, it's a level of detail that we don't have right here to be able to provide that, but we're certainly working with Yale New Haven Health System to get more information from them and we will share it when we're able. So, a question. Who develops the AHRQ QIs? Dr. DeSoto, is that something that you would be able to speak to?

>>MIA DESOTO: Sure. So the AHRQ Quality Indicators are developed by the agency in conjunction with a couple of our partners from Stanford and Truven.

>>DIANE STOLLENWERK: Alright. Let's see. There is also a question about, and Mia, this one is for you as well. Are there any QIs under development for the behavioral health population, and if so, can you say anything about the timeline for that? Dr. DeSoto? She may have had to drop off.

>>MIA DESOTO: Sorry. My phone was having some problems. Could you please repeat the question? I couldn't hear it.

>>DIANE STOLLENWERK: Absolutely. Dr. DeSoto, are there any QIs under development for the behavioral health population, and if so, could you say anything about the timeline for that?

>>MIA DESOTO: Not at the moment. We do not have anything in the hopper. But there has been some part about working with SAMHSA to see if there are certain indicators that could be weaved into the current quality indicators, but I do not have further information about it as of now.

>>DIANE STOLLENWERK: Okay. Thank you. So Vivek, question for you. Does the AHRQ QI software use all of the codes in the claim, or is it limited to 25 diagnosis and procedure codes?

>>VIVEK KUMAR: It is limited to a certain number of codes. You can upload up to 32 diagnosis codes in both WinQI and SAS programs, so that's the limit that it has.

>>DIANE STOLLENWERK: Okay. So somebody else commented, "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?" Vivek?

>>VIVEK KUMAR: Sure, this is a question that we haven't received for the first time. 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. So there's one caution that is here is, 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. And 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. Or else if you're relying on the report from AHRQ QI, those won't be accurate for the area reports if you're using multiple years.

>>DIANE STOLLENWERK: Thank you, Vivek. Really appreciate the answer. So another question that was asked is, some clarification about how Cleveland Clinic is using the 3M software to get real-time reports of the PSI events. And what they explained to us was it's a relatively new module in the 3M's 360 Encompass platform, and frankly, to get more

information about how exactly that works, we would suggest contacting 3M to learn more about it from them.

So I believe that we are nearing the end of the webinar, and we certainly appreciate the questions and the comments that people have submitted. We want to remind you all that a recording of the webinar will be on the AHRQ QI website within a couple of weeks. And again, if you have additional questions, please remember this very important email address that you see on your screen, which is the AHRQ QI support, so it's [qisupport@ahrq.hhs.gov](mailto:qisupport@ahrq.hhs.gov). You can send your questions, your comments, if you need any support regarding the use of WinQI or SASQI. We've got a team of people who are available to work with you. And with that, we thank you very much for your time today to talk about the AHRQ QIs, to learn more about the uses of the AHRQ QIs, and hopefully to gather information that you'll be able to use within your organization to improve the quality of care provided to patients. Thank you very much and have a great afternoon, everyone.