Designing Your Public Reporting Program

AHRQ Quality Indicators (QI) Learning Institute

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

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

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

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

To provide a forum for discussing and facilitating the use of the AHRQ Quality Indicators (QIs) in statewide and regional programs that report hospital quality measures to the public.
Membership

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

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

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

AHRQ Center for Delivery, Organization, and Markets
- Irene Fraser, PhD, Director
- Mamatha Pancholi, MS, Program Officer, Quality Indicators Team Project
- Joanna Jiang, PhD, Senior Research Scientist

AHRQ Office of Communications and Knowledge Transfer
- Marjorie Shofer, MBA, Senior Program Analyst
- Margaret K. Rutherford, Editor

AcademyHealth (Contractor)
- Katherine Griffith, Associate
Web Forum

- Add Events to Calendar
- Initiate and Participate in Discussion
- Share Documents
- Resource Links
- Check Announcements
- Add Contact Info and Review Membership
- Add Events to Calendar
Tentative Schedule

Orientation:
  Today - Designing Your Reporting Program

Measures/Data/Analysis:
  November 17 @ 12 pm ET - Selecting Measures & Data
  December - Key Choices in Analyzing Data for the Report
  January - Classifying Hospitals

Reporting/Disseminating/Promoting:
  February - Displaying the Data
  March - Web Site Design & Content
  April - Marketing & Promoting Your Report

Evaluation:
  May - Evaluation of Public Reporting Program

Closing:
  June - Highlights From the Learning Institute
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Benefits to Public Reporting

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

National Association of Health Data Organizations
Barriers to Public Reporting on Quality

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

National Association of Health Data Organizations
Common Pitfalls in Reporting Initiatives

- **Poor Planning:**
  - Unrealistic goals and expectations
  - Failure to include key stakeholders in all decision points

- **Process Failures:**
  - Lack of consensus and transparency in process
  - Truncated or drawn out process
  - Not getting “buy-in” on methods prior to calculating results

- Conflicting results across reporting initiatives

**RESULT:** “ATTACK THE DATA”
Lessons Learned from Reporting States: Key Success Factors

- Leadership and vision and ability to communicate these to diverse stakeholders
- A trusted neutral convener/broker of data to conduct or nurture the reporting process
- Technical credibility
- Inclusive and transparent process which addresses how to proceed when a consensus is not possible
Lessons Learned from Reporting States: Key Success Factors, continued

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

If you would like to pose a question to any of the speakers, please post it in the Q&A box on the right hand side of your screen and press send.
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Questions and Discussion
Estimating Cost and Other Resources

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

- **Staffing:** different stages require different staff skills
  - Planning and leading expert panels
  - Rulemaking (where mandated)
  - Data acquisition and management
  - Data review and validation
  - Analysis and Reporting

- **Dissemination and marketing:**
  - Website
  - Media relations
  - Public service announcements
Stakeholder Support

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

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

- Many States mandate a 45-day review period:
  - Data supplier (hospital) reviews its own results sent by certified courier
  - Alerts the data agency to verify discrepancies, updating data as indicated

- Draft report is shared with all of the hospitals prior to public release
  - No data changes are made at this point
  - Opportunity for comment and adjustments in interpretations where appropriate
  - Provides hospitals a ‘heads up’ before the media and public see the report
National Quality Forum “Guidelines for Consumer-Focused Public Reporting”

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

  - Present and explain the data
  - Ensure that the report design and its navigation features enhance usability
  - Evaluate and improve the report
Resources for Consumer-Focused Public Reporting

- AHRQ QI Public Reporting Resources
  - Comparative Reporting Guide
    - Tiering of Quality Indicators
    - Summary of the evidence
  - AHRQ QI Model Reports
    - Health topics
    - Composites
Indicator Tiering: Based on the current evidence and identified gaps, the indicators are assigned to one of four tiers.

- Tier 1: Minor or no evidence gaps
- Tier 2: Moderate evidence gaps
- Tier 3: Significant evidence gaps, but addressable
- Tier 4: Significant evidence gaps, but addressable only with material resources
Poll Question #1

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

- Enhancing administrative data (i.e. lab data)
- Healthcare-acquired infection reporting
- Reducing burden on the provider
- Setting: Individual physician care
- Setting: Group/Practice care
- Setting: Hospital/Inpatient care
- Additional settings (outpatient/episodes)
- Population: Mental Health
- Population: Pediatrics
- Population: Elderly
- Other
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Slightly more than half of the US pop. has access to public reports using AHRQ QIs through state initiatives.

16 States Using AHRQ QIs for Public Reporting:
- Oregon
- Massachusetts
- Nevada
- California
- Utah
- Colorado
- Texas
- Oklahoma
- Iowa
- Wisconsin
- New York
- Vermont
- Ohio
- New Jersey
- Kentucky
- Florida
- Oklahoma
Suitable for comparative reporting and quality improvement

Evaluated for importance, scientific acceptability, usability, and feasibility

An effort to harmonize and standardize measures among developers

AHRQ Quality Indicators
  – 14 Prevention Quality Indicators (PQIs)
  – 12 Inpatient Quality Indicators (IQIs)
  – 8 Patient Safety Indicators (PSIs)
  – 9 Pediatric Quality Indicators (PDIs)
## National Quality Forum Endorsement

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<td>PSI #12</td>
<td>Postoperative DVT or PE</td>
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<td>PSI #04</td>
<td>Death Among Surgical Inpatients With Treatable Serious Complications</td>
<td>PSI #14</td>
<td>Postoperative Wound Dehiscence</td>
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<td>Foreign Body</td>
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*NQI- Neonate Quality Indicator
*Endorsement pending
Composite Measures

- Inpatient Quality Indicators
  - Mortality for Selected Procedures
  - Mortality for Selected Conditions
- Patient Safety Indicators
  - Overall Safety
- Pediatric Quality Indicators
  - Overall Safety
- Volume-Outcome
  - Resection, AAA repair, pediatric heart
Model Reports are designed specifically to report comparative information on hospital performance based on the AHRQ Quality Indicators.

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

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

- Data Quality Issue #1
  - Specificity/positive predictive value
  - Identify sample of cases that were flagged but are potentially false positives (e.g., present on admission or uncoded exclusions)

- Data Quality Issue #2
  - Sensitivity/negative predictive value
  - Identify sample of cases that were NOT flagged but are potentially false negatives (e.g., included in a hypothetical broader definition of the indicator)
Validation Studies

- AHRQ QI Validation Pilot, Phase II
  - Pending Office of Management and Budget (OMB) review
  - Estimate sensitivity (false negatives) in addition to PPV (false positives)
  - 16 organizations have indicated an interest in participating in Phase II
  - Encourage hospitals to participate
  - Contact Jennifer Cohen (cohenj@battelle.org)
Poll Question #2

Please check which best describes your public reporting program:

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

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

Scott Anderson
Vice President, Professional Activities, Colorado Hospital Association
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- Post it in the Q&A box on the right hand side of your screen and press send

- OR

- Click the “raise your hand” button to be unmuted and orally ask a question
Next Webinar

Selecting Measures and Data

November 17, 2008, at 12:00 pm ET

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

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

- QI Learning Institute Web forum: https://ahrqqili.webexone.com/
- QI Learning Institute E-mail: QualityIndicatorsLearning@ahrq.hhs.gov
- QI Web site: http://www.qualityindicators.ahrq.gov/
- QI Support E-mail: support@qualityindicators.ahrq.gov