

# The Health Information Technology Summit

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## "The Role of Healthcare IT in Driving Performance Measurement and Transparency in Healthcare"



# **Public Policy View**

- Delineate the important role that IT now has in driving performance improvement and transparency
- Why we are quickly reaching a plateau
- Where we need to go next

## Conceptual Framework Importance of These Issues

 Are there critical problems in the health care system that we believe performance measurement and transparency will solve?

lf so....

 Why is technology so fundamental to making performance measurement and transparency work?

# The Crisis in Health Care

National efforts are underway to:

- Improve overall quality of care
- Improve patient and worker safety
- Lower costs, improve efficiency
- Reduce undesirable variations in the access to and delivery of care

## We Have Chosen to Respond with Strategies (*Performance Measurement and Transparency*) that Rely Heavily on Information

Data driven:

- Public Reporting of Comparative Data to Drive Market and Influence Choice (government, business)
- Accountability to External Bodies
  - Government regulation (MDS, OASIS)
  - private sector accreditation (ORYX, HEDIS)
- Pay for Performance Models (over 100)
- Internal Quality Improvement (QI Cycle)

## Information Technology Under Girds Performance Measurement and Transparency

Important roles:

- Collect information necessary for construction of performance measurement data
- Facilitate the transmission of performance data to multiple stakeholders
- Help assure data accuracy
- Lower data collection/transmission costs
- Provide the enabling environment for improving performance and patient safety (e.g., flags, reminders, communication)

## roles, continued

- 6. Enable complex analyses necessary for P4P programs
- 7. Provide data for health services/public health research
- 8. Improve data security, user authentification
- 9. Identify quality and safety issues needing resolution
- 9. Drive patient centered care through incorporating patient preferences, forcing communication and integration of services

## **Accreditation Standards Application**

- Hundreds of requirements measured on-site by surveyors
- Standards scored, aggregated into domains
- Multiple combinations and permutations
- Laptop technology reduced time to get decision
- Ability to monitor surveyor performance, determine inter-rater reliability

## Joint Commission's Core Data Sets

- ORYX core data are dozens of performance measures applied to many thousands of health care organizations. Information is publicly reported on website
- Desire to have a standardized set of measures for comparative purposes
- Began with 4000 hospitals
- Now applies to non-hospital environment





#### Org# 12345 A Sample Hospital

1199 Sun Valley Road Houston, Texas

#### What is Accreditation?

Table of Contents Summary of

Quality Information
Available Quality

Reports + Hospital + Long Term Care

Glossary of Terms



Attachment B

### **A Sample Hospital**

2004 HOSPITAL QUALITY REPORT

1199 Sun Valley Road Houston, Texas



Accredited by:

**JCAHO** 

Joint Commission on Accreditation of Healthcare Organizations







Org# 12345 A Sample Hospital 1199 Sun Valley Road

Houston, Texas

#### What is Accreditation?

#### Table of Contents

 Summary of Quality Information

#### Available Quality Reports

\* Hospital

- Home Care
- Long Term Care
- Link to Organization Commentary

Glossary of Terms

### 2004 HOSPITAL QUALITY REPORT

### Summary of Quality Information

Quality Distinctions

#### Special Quality Awards

2003 Hospital Codman Award Participant in the Hospital Voluntary Public Reporting Initiative.

Hospital Disease-Specific Care Certification

Diabetic Care Certification Date: June 22, 2003

#### Accreditation Decision

Accredited. This organization is in full compliance with all applicable standards.

#### Decision Effective Date

January 15, 2004

#### Accredited Services

- Hospital Services with Behavioral Health
- Laboratory
- Home Care

#### Other Accredited Programs/Services

Blood Bank (accredited by the American Association of Blood Banks)

		Compared to other JCAHO Accredited Hospitals		
	National Results	State Results		
2004 National Patient Safety Goals:1	$\bigcirc$	<b>(</b> )		
2003 National Quality Improvement Goals:				
Heart Attack Care	$\odot$	Ø		
Heart Failure Treatment	•	•		
Patient Perspectives on Care Survey Results: <sup>3</sup>	Θ	Θ		

<sup>1</sup>Organizations Cannot Score Better than "Within the Expected Range"

State Results are not Calculated for the National Patient Safety Goals.

<sup>a</sup> Data provided by Hospital Voluntary Reporting Initiative "Patient Perspectives on Care Survey Results Instrument."

#### KEY

- This Organization Achieved the Best Possible Results
- This Organization's Performance is Above the Performance of Most JCAHO Accredited Organizations
- This Organization's Performance is Similar to the Performance of Most JCAHO Accredited Organizations
- This Organization's Performance is Below the Performance of Most JCAHO Accredited Organizations
- No Data is Available for this Measure









Org# 12345 A Sample Hospital 1199 Sun Valley Road

Houston, Texas

#### What is Accreditation?

#### Table of Contents

- Summary of Quality Information
- What are National Patient Safety Goals?
- Why are National Patient Safety Goals Important?
- How are National Patient Safety Goals Selected?
- How is Compliance with National Patient Safety Goals Determined?
- When would a National Patient Safety Goal be not applicable to an organization?

Glossary of Terms

### 2004 HOSPITAL QUALITY REPORT

### JCAHO 2004 National Patient Safety Goals

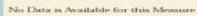
Safety Goals	Organizations Should	Implemented
improve the accuracy of patient identification	Use at least two patient identifiers (neither to be the patient's room number) whenever taking blood samples or administering medications or blood products.	Ø
	Prior to the start of any surgical or invasive procedure, conduct a final verification process, such as a "time out," to confirm the correct patient, procedure and site, using active-not passive-communication techniques.	Ø
Improve the effectiveness of communication among caregivers	Implement a process for taking verbal or telephone orders that requires a verification "read-back" of the complete order by the person receiving the order.	Ø
	Standardize the abbreviations, acronyms and symbols used throughout the organization, including a list of abbreviations, acronyms and symbols not to be used.	Ø
Improve the safety of using high-alert medications.	Remove concentrated electrolytes (including, but not limited to, potassium chloride, potassium phosphate, sodium chloride >0.9%) from patient care units.	Ø
	Standardize and limit the number of drug concentrations available in the organization.	Ø
Eliminate wrong- site, wrong-patient, wrong procedure surgery.	Create and use a pre-operative verification process, such as a checklist, to confirm that appropriate documents (e.g., medical records, imaging studies) are available	Ø
	Implement a process to mark the surgical site and involve the patient in the marking process	Ø
<i>improve the safety</i> <i>of using infusion</i> <i>sumps</i> , Ensure free-flow protection on all general-use and patient controlled pain medication (PCA) intra- venous infusion pumps used in the organization		0
Improve the effectiveness	Implement regular preventive maintenance and testing of alarm systems	Ø
of clinical alarm Systems.	Assure that alarms are activated with appropriate settings and are sufficiently audible with respect to distances and competing noise within the unit.	Ø

<sup>1</sup>Organizations Cannot Score Better than "Similar to the Performance of Most Accredited Organizations"

#### KEY

This Organization's Performance is Similar to the Performance of Most JCAHO Accredited Organizations

This Organization's Performance is Below the Performance of Most JCAHO Accredited Organizations



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1 199 Sun Valley Road Houston, Texas

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- Summary of Quality Information
- What are National Quality Improvement Goals?
- Why are National Quality Improvement Goals Important?
- How are National Quality Improvement Goals Determined?
- How are State Goal Results Calculated?
- How are National Goal Results Calculated?

Glossary of Terms

### 2004 HOSPITAL QUALITY REPORT

### National Quality Improvement Goals Condition: Heart Attack

Reporting Period: July 2003 - June 2004			Ac	Accredited Hospitals			
Quality	E	xplanation		National	Results	State Results	
asse		egory of evidence bas the overall quality of Attack (AMI) patients.	care provided	Ø	5	${}^{\odot}$	
			Ca	mpared to oti Accredited H			
				National Results		State Results	
Treatment	Explanation	Hospital Results	Top 10% Scored at Least:	Top 50% Scored at Least:	Top 10% Scored at Least:	Top 50% Scored a Least:	
Aspirin at Arrival	This indicator addresses as administration anytime over hours prior to arrival and 24 after arrival at the hospital. has been proven to be bene it increases blood flow to the	Aspirin ficial as	. 100%	96%	100%	96%	
Aspirin at Discharge	This indicator addresses as administration at the time of discharge from the hospital Aspirin has been proven to beneficial as it increases bi flow to the heart.	be very	100%	94%	100%	93%	
ACEI prescribed to those patients most likely to benefit.	This indicator addresses the administration of enzyme in at discharge to those who v most likely benefit. This med improves blood flow to the h	vould 85%	. 100%	80%	100%	82%	
Beta Blocker prescribed at arrival	This indicator addresses the administration of beta block at arrival to reduce heart da and complications.	er drugs 🕑	100%	89%	100%	90%	
Beta Blocker prescribed at discharge	This indicator addresses the administration of beta blocker drugs at discharge to reduce heart damage an complications.	d 97%	100%	90%	100%	91%	

\* This organization achieved a 90% or higher compliance rate on this measure. However, because of the overall high level of compliance by all organizations, its performance was below most organizations.

(Click	<u>italics</u> for more detail)
	KEY
0	This Organization Achieved the Best Possible Results
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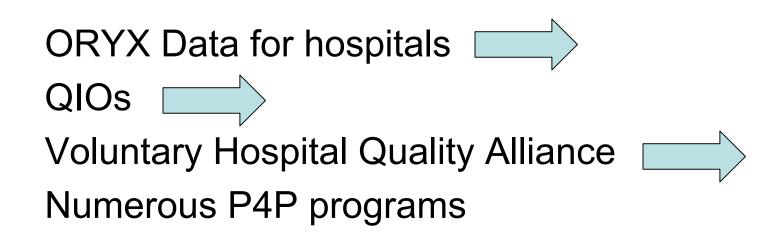


## **ORYX Core Measures**

- Had hospital performance measures ready in 1995 but field was not ready to report
- Built on a vendor system to handle data collection, aggregation and transmission.
- Very costly in time and money
- Continue to test this infrastructure through proficiency testing
- Alignment process with CMS
- Helped build infrastructure for health care organizations to report data

# Benefit

## Many Stakeholders Can Use Same Data



### **Expectations for Robust Performance Measurement Outstrip Capabilities without More IT Investment**

- Insufficient numbers of measures in play
- Insufficient systems in non-hospital arena
- Need to apply more risk-adjustment
- Need to look at more services patient experience across all sites of services
- Validation too time consuming and costly
- Cannot support multiple decision rules
- Rotate measures
- More timely data

# Pay for Performance Strategy

- Requires more attention to data integrity

   Accuracy of the data is paramount
- Controls for data gaming
- Complexity and credibility of data analysis
  - Scoring & weighting of measures
  - Risk adjustment
  - Measurement over time to ascertain improvement

# Efficiency Measurement

Driving the system toward high quality, low cost providers of care requires complex data

We cannot explore the relationship between quality and cost without data that incorporate all of the costs of services provided in an episode of care and link them together.

## **Improving Patient Safety**

- Safe Systems and Processes

   Reminder systems, alerts, patient flags
- Identifying safety issues
  - KCL
  - Anesthesia Awareness
- Handling reporting and Root Cause Analyses (PSO legislation)
- Taxonomy for patient safety

## Addressing Unwanted Variations Needs Decision Support

# Information and communication are the keys to clinical excellence and safety concerns:

- Information to reduce health-related errors
- Ability to better diagnose
- Information to provide latest, most scientific or consensus-driven information for treatment
- Ability to educate patients and achieve better compliance with care plans

Extraordinary burden if we would impose performance measurement to the degree that would be optimal for making informed choices, assuring accountability, or for conducting quality improvement

## Essential to Effective Performance Measurement --

- Broad-based use of the Electronic Health Record data collection must become a by-product of providing care
- 2. National health information infrastructure to link episodes of care and services
- 3. Ability of regulators and accreditors to accept electronic transmission of enormous amounts of data in "real-time"
- 4. National leadership that ties performance measurement and transparency with IT investments