



The Health Information Technology Summit

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Margaret VanAmringe

Vice President, Public Policy

& Government Relations

*“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?

If 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 authentication
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

2004 HOSPITAL QUALITY REPORT

DRAFT

Attachment B



*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
 - Long Term Care

Glossary of Terms

A Sample Hospital

*1199 Sun Valley Road
Houston, Texas*



Accredited by:

JCAHO

*Joint Commission on Accreditation
of Healthcare Organizations*



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		
2003 National Quality Improvement Goals:		
Heart Attack Care		
Heart Failure Treatment		
Patient Perspectives on Care Survey Results: ²		

¹ Organizations Cannot Score Better than "Within the Expected Range"

² State Results are not Calculated for the National Patient Safety Goals.

³ 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



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Link to Organization Commentary

Glossary of Terms

2004 HOSPITAL QUALITY REPORT

JCAHO 2004 National Patient Safety Goals¹

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- 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

Safety Goals	Organizations Should	Implemented
<i>Improve the accuracy of patient identification</i>	Use at least two patient identifiers (neither to be the patient's room number) whenever taking blood samples or administering medications or blood products.	
	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.	
<i>Improve the effectiveness of communication among caregivers</i>	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.	
	Standardize the abbreviations, acronyms and symbols used throughout the organization, including a list of abbreviations, acronyms and symbols not to be used.	
<i>Improve the safety of using high-alert medications.</i>	Remove concentrated electrolytes (including, but not limited to, potassium chloride, potassium phosphate, sodium chloride >0.9%) from patient care units.	
	Standardize and limit the number of drug concentrations available in the organization.	
<i>Eliminate wrong-site, wrong-patient, wrong procedure surgery.</i>	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	
	Implement a process to mark the surgical site and involve the patient in the marking process	
<i>Improve the safety of using infusion pumps.</i>	Ensure free-flow protection on all general-use and patient controlled pain medication (PCA) intravenous infusion pumps used in the organization	
<i>Improve the effectiveness of clinical alarm systems.</i>	Implement regular preventive maintenance and testing of alarm systems	
	Assure that alarms are activated with appropriate settings and are sufficiently audible with respect to distances and competing noise within the unit.	

¹Organizations Cannot Score Better than "Similar to the Performance of Most Accredited Organizations"

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2004 HOSPITAL QUALITY REPORT

National Quality Improvement Goals Condition: Heart Attack

Reporting Period: July 2003 - June 2004

Compared to other JCAHO Accredited Hospitals

Quality	Explanation	National Results	State Results
Heart Attack Care	This category of evidence based measures assesses the overall quality of care provided to Heart Attack (AMI) patients.		

Compared to other JCAHO Accredited Hospitals

Treatment	Explanation	Hospital Results	National Results		State Results	
			Top 10% Scored at Least:	Top 50% Scored at Least:	Top 10% Scored at Least:	Top 50% Scored at Least:
<i>Aspirin at Arrival</i>	This indicator addresses aspirin administration anytime over 24 hours prior to arrival and 24 hours after arrival at the hospital. Aspirin has been proven to be beneficial as it increases blood flow to the heart.	 91% of 112 Patients	100%	96%	100%	96%
<i>Aspirin at Discharge</i>	This indicator addresses aspirin administration at the time of discharge from the hospital. Aspirin has been proven to be very beneficial as it increases blood flow to the heart.	 96% of 112 Patients	100%	94%	100%	93%
<i>ACEI prescribed to those patients most likely to benefit.</i>	This indicator addresses the administration of enzyme inhibitors at discharge to those who would most likely benefit. This medication improves blood flow to the heart.	 85% of 144 Patients	100%	80%	100%	82%
<i>Beta Blocker prescribed at arrival</i>	This indicator addresses the administration of beta blocker drugs at arrival to reduce heart damage and complications.	 96% of 84 Patients	100%	89%	100%	90%
<i>Beta Blocker prescribed at discharge</i>	This indicator addresses the administration of beta blocker drugs at discharge to reduce heart damage and complications.	 97% of 84 Patients	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 [italics](#) for more detail)

KEY

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- How are State Goal Results Calculated?
- How are National Goal Results Calculated?

Glossary of Terms


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

ORYX Data for hospitals 

QIOs 

Voluntary Hospital Quality Alliance 

Numerous P4P programs

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 --

1. *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*