Driving Quality Improvement: Development and Implementation of a Small/Rural Hospital P4P Program

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Anthem Blue Cross and Blue Shield of Virginia
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Take Home Messages

- Challenges facing small and low volume hospitals in P4P
- How Anthem utilized small/rural/community (SRC) hospital input and experiences to build a consensus P4P program
- Anthem’s innovative approach measuring and scoring quality in SRC hospitals
Q-HIP℠ - Overview

Q-HIP℠ is a performance based incentive program that financially rewards hospitals for practicing evidence-based medicine and implementing industry recognized best-practices in patient safety, health outcomes and member satisfaction.
Q-HIP – Why it Works

- Q-HIP is Voluntary – hospitals decide to participate
- Measurement methodology, metric specifications & targets are transparent to participants
- Adoption of national quality metrics
  - Aligns with accreditation and internal quality assessment tools
  - Mitigates the administrative and collection burden
- Third party “trusted intermediary”
  - Collection and unbiased validation and evaluation of data
- All payer data
- Financial incentives can lead to a higher organizational prioritization
  - No financial penalty
### 2009 Q-HIP Scorecard Components

#### Patient Safety Section
(35% of total Q-HIPS Score)

- Joint Commission National Patient Safety Goals
- Computerized Physician Order Entry (CPOE) System
- ICU Physician Staffing (IPS) Standards
- NQF Recommended Safe Practices
- IHI 5 Million Lives Campaign – MRSA Active Surveillance Cultures and ADE Medication Reconciliation
- CDC/APIC Flu and Pneumonia Vaccine Guidelines

#### Member Satisfaction Section
(10% of Total Q-HIPS Score)

- H-CAHPS Survey Results
- Hospital-Based Physician Contracting

#### Patient Health Outcomes Section
(55% of total Q-HIPS Score)

**Percutaneous Coronary Intervention Indicators (PCI)**
- 5 ACC-NCDR/NNECDSG Indicators for Cardiac Catheterization/PCI

**Joint Commission / CMS National Hospital Quality Measures**
- Acute Myocardial Infarction (AMI) Indicators
- Heart Failure (HF) Indicators
- Pneumonia (PN) Indicators
- Surgical Care Improvement Project (SCIP)

**Nursing Sensitive Care (NSC) Indicators**
- 4 JC/NQF Nursing Sensitive Care Indicators

**Coronary Artery Bypass Graft Indicators**
- 5 STS/NNECDSG Coronary Artery Bypass Graft (CABG) Measures
Q-HIP – Award Winning

- 2006 – Blue Cross and Blue Shield Association (BCBSA) “Best of Blues Award”
- 2007 – BCBSA / Harvard Medical School Department of Health Care Policy “BlueWorks Award”

And most recently...

- 2008 – Joint Commission / National Quality Forum “John M. Eisenberg Award for Patient Safety and Quality”
Progression of Q-HIP

**Year 1**
- Pilot Phase
- Virginia Only
- 16 Total Hospitals
  (3 small, 4 med, 9 large)

**Year 3**
- 92 Total Hospitals
- 48 Virginia Hospitals
- Expansion to ME, CT, NH

**Year 5**
- 151 Total Hospitals
- 69 Virginia Hospitals
- ME/CT/NH/GA→53 Hospitals
- California→26 Hospitals
- New York→5 Hospitals
General Underpinnings

- Q-HIP not a perfect fit for some participating hospitals
- Becoming difficult to engage small hospitals
- Desire to increase quality in all hospital settings
Rationale—Small/Rural/Community Program (SRC)

- Q-HIP is most applicable to large and higher volume hospitals
  - Relevance of clinical areas
  - Predominance of rate-based outcome metrics
- Q-HIP does not reflect type and level of services at SRC hospitals
  - Rarely provide elective cardiac services
  - SRC hospitals treat more chronic care
- SRC hospitals participating in Q-HIP had a significant number of rate based metrics with denominator less than 25 cases
  - Samples <25 places a greater value on each case
  - 1 outlier case can greatly impact performance
- SRC hospitals have greater sampling variability
  - Unjustified reward or penalization
Rationale—SRC Program

- Several metrics have little variation at the national level
  - Smoking cessation counseling 70th & 90th percentile at 100%
- Member satisfaction concerns for SRC hospitals
  - Low survey response rate
    - More variability
    - Less reliable
  - Lack of history/adverse effects unknown
Other Small Hospital Challenges

- SRC hospitals have fragile resources
  - Limited technology budget
  - Limited FTE usage for administrative requirements

- Geographic disparities
  - Fewer professionals/caregivers
    - Hours of operation
  - Older populations
  - Population health status
    - More chronic care
SRC Program Development

- Reviewed current Q-HIP metrics and other possible metrics from IHI, JC and NQF, etc.
  - Removed problematic/volume sensitive indicators
  - Identified metrics to impact a wide patient population
  - Considerations made to ongoing issues, regardless of hospital size

- Conducted focus group meetings in Portland, Maine and Roanoke, Virginia:
  - Reviewed the “starter set” of potential metrics and identify best practices
  - Discussed metrics and areas of care not represented in proposed starter set
  - Identified metrics that SRC hospitals can impact
  - Received general feedback

- Feedback analysis and scorecard development
- Follow-up and scorecard review meetings
Small Hospital Experience in P4P

- Most knowledge about small hospital performance in P4P has come from their participation in one-size-fits-all programs
  - CMS/Premier → HQID
  - Private insurance → Q-HIP
  - Rural Healthcare Associations

- Lack of programs dedicated to small hospital P4P
  - Carved out Critical Access Hospitals and stipulated bed limits
  - Limited metrics with narrow clinical focus
    - ED/Documenting transfer
    - HAI: UTI, Central Line Bloodstream, hand hygiene
  - Reward contingent on participation with little focus on performance (Pay-for-Reporting)
Focus Group Feedback—Highlights

Confirmation of Challenges

- **Volume**
  - Unpredictable, seasonal e.g. winter/summer travelers

- **FTE usage for data gathering**
  - Hospital services (24/hr pharmacy)
  - Mitigate program administration

- **Technology/Resource limitations**
  - CPOE/EMR/Pharmacy
  - ICU physician staffing
Focus Group Feedback—Highlights

Recommendations:

- Don’t overload program with too many metrics
  - Highlight importance of quality
- Continue to align metrics when possible
  - NSC measures instead of IHI ulcer metrics
- Addition of ED indicators
- Educational campaign metrics around hygiene and infection control
- JC Sentinel Event Alert (Pediatric Medication)
- Community initiatives
SRC “Bundle” Approach

- Composite bundles
  - Allow for new types of metrics
- Bundles highlight different aspects of quality care
- Bundles will contain a variety of measures
  - For example, the Medication Safety bundle contains 5 policy/procedure driven metrics and 1 data (num/den) driven metric
- Relative bundle weighting
Scoring Methodology
### Scoring Methodology

- Transition from 3 large “sections” to several smaller “bundles”
- Hospitals scored on the applicable indicators
- The use of Bundle *Weights* will maintain the ratio of the bundle values to the total score (Communication – 15%, Medication Safety – 20%, Infection Control – 22%, All Other – 12%, JC/NHQM – 26%, Community Improvement – 5%) regardless of how many indicators a hospital is measured against in each bundle.

<table>
<thead>
<tr>
<th>Hospital A</th>
<th>Hospital B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All Other Bundle</strong> –</td>
<td><strong>All Other Bundle</strong> –</td>
</tr>
<tr>
<td>• Bundle weight - 12.00</td>
<td>• Bundle weight - 12.00</td>
</tr>
<tr>
<td>• Available section points - 12.00</td>
<td>• Available section points - 7.00</td>
</tr>
<tr>
<td>• Points Earned - 10.00</td>
<td>• Points Earned - 6.00</td>
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<tr>
<td><strong>Bundle Score Calculation</strong> –</td>
<td><strong>Bundle Score Calculation</strong> –</td>
</tr>
<tr>
<td>10.00 × (12.00/12.00) = 10.00</td>
<td>6.00 × (12.00/7.00) = 10.28</td>
</tr>
</tbody>
</table>
Benchmarks/Targets will be set using national data sources (Hospital Compare / QualityCheck)

- Multiple target levels will be available when possible
- Targets will be set using the 50th, 70th and 90th national percentiles for individual measures
Data Submission Examples
Submission of NQF Safe Practices

- Metric type: policy and procedures
- Submission requirement: documentation only
- Submission timeframe: Annual
- Example: SP 11 (Discharge Planning and Communication)
  - Copy of standardized discharge summary sheet
  - Policy/procedure for forwarding patient care information to next provider
  - Committee minutes outlining the complete discharge process including discharge summary and process for forwarding patient care information to the next provider
Submission of JC NPSG’s

- Metric type: policy and procedures
- Submission requirement: documentation only
- Submission timeframe: bi-annual
- Example: NPSG.08.02.01 (Medication Reconciliation)
  - Submit bi-annual report using the template (on web tool)
  - Committee minutes outlining quarterly the NPSG
  - Electronic version/screen shot bi-annually that outlines the NPSG
Submission of IHI metrics

- Metric type: rate (no targets)
- Submission requirement: data submission only
- Submission timeframe: annual
- Examples:

  - Hospital will provide data according to specified criteria
  - Compliance will be determined based on complete submission of data for the entire measurement period
Submission of JC/NHQI

- Metric type: rate (targets set)
- Submission requirement: data submission
- Submission timeframe: quarterly
- Examples:
  - Submit the vendor reports for the current quarter to validate the numerators and denominators for each measure CHF, Pneumonia, Pregnancy and SCIP (NO AMI)
  - Submit either a CDAC abstraction validation rate or submitting a vendor generated IRR for each quarter when it is available
# 2009 SRC Q-HIP Scorecard Components

<table>
<thead>
<tr>
<th>Communication Bundle</th>
<th>“All Other”</th>
</tr>
</thead>
<tbody>
<tr>
<td>(15% of Total SRC Q-HIP&lt;sup&gt;SM&lt;/sup&gt; Score)</td>
<td>(12% of Total SRC Q-HIP&lt;sup&gt;SM&lt;/sup&gt; Score)</td>
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<tr>
<td>▪ NQF Recommended Safe Practices</td>
<td>▪ CDC/APIC Flu and Pneumonia Vaccine Guidelines</td>
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<tr>
<td>▪ Joint Commission National Patient Safety Goals</td>
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<table>
<thead>
<tr>
<th>Medication Safety Bundle</th>
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<td>(20% of Total SRC Q-HIP&lt;sup&gt;SM&lt;/sup&gt; Score)</td>
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<td>▪ NQF Recommended Safe Practices</td>
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<tr>
<td>▪ Joint Commission National Patient Safety Goals</td>
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<tr>
<td>▪ IHI 5 Million Lives Campaign – Medication Reconciliation</td>
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<tr>
<td>▪ Joint Commission Pediatric Medication Safety</td>
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<thead>
<tr>
<th>Infection Control Bundle</th>
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<td>(22% of Total SRC Q-HIP&lt;sup&gt;SM&lt;/sup&gt; Score)</td>
<td>“All Other”</td>
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<tr>
<td>▪ IHI 5 Million Lives Campaign –</td>
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<tr>
<td>▪ MRSA Active Surveillance Cultures</td>
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<tr>
<td>▪ MRSA Bloodstream Infections</td>
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<tr>
<td>▪ Joint Commission National Patient Safety Goals</td>
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<table>
<thead>
<tr>
<th>JC / CMS National Hospital Quality Measures Bundle</th>
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<td>(26% of Total SRC Q-HIP&lt;sup&gt;SM&lt;/sup&gt; Score)</td>
<td>“All Other”</td>
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<tr>
<td>▪ Heart Failure (HF) Indicators</td>
<td></td>
</tr>
<tr>
<td>▪ Pneumonia (PN) Indicators</td>
<td></td>
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<tr>
<td>▪ Surgical Care Improvement Project (SCIP)</td>
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<table>
<thead>
<tr>
<th>Local Community Initiative Bundle</th>
<th>“All Other”</th>
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<tr>
<td>(5% of Total SRC Q-HIP&lt;sup&gt;SM&lt;/sup&gt; Score)</td>
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<tr>
<td>▪ Community Initiative</td>
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## Communication Bundle

<table>
<thead>
<tr>
<th>Communication Bundle</th>
<th>Documentation</th>
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<tr>
<td><strong>NQF SP 4</strong></td>
<td><strong>Documentation</strong></td>
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<tr>
<td>Timely, Clear and Transparent Communication Regarding Adverse Events</td>
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<tr>
<td><strong>NQF SP 8</strong></td>
<td><strong>Documentation</strong></td>
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<tr>
<td>Care Information Continuity and Coordination</td>
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<tr>
<td><strong>NQF SP 9</strong></td>
<td><strong>Documentation</strong></td>
</tr>
<tr>
<td>Critical Test Result Communication</td>
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<tr>
<td><strong>NQF SP 11</strong></td>
<td><strong>Documentation</strong></td>
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<tr>
<td>Discharge Planning and Communication</td>
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<td><strong>NPSG.08.03.01</strong></td>
<td><strong>Documentation</strong></td>
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<tr>
<td>Medication Reconciliation</td>
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## Medication Safety Bundle

<table>
<thead>
<tr>
<th>Standard</th>
<th>Description</th>
<th>Data Submission</th>
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<tr>
<td>NQF SP 13</td>
<td>Unsafe Abbreviations, Acronyms, etc</td>
<td>Documentation</td>
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<tr>
<td>NQF SP 17</td>
<td>High Alert Drugs</td>
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<td>NQF SP 15</td>
<td>Pharmacist Active Participation</td>
<td>Documentation</td>
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<td>NPSG.08.02.01</td>
<td>Medication Reconciliation</td>
<td>Documentation</td>
</tr>
<tr>
<td>IHI</td>
<td>Unreconciled Medications per 100 Admissions</td>
<td>Data Submission Only</td>
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<tr>
<td>JC</td>
<td>Pediatric Medication Error Prevention</td>
<td>Documentation</td>
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<tr>
<td>Infection Control Bundle</td>
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<td>--------------------------</td>
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<tr>
<td><strong>NPSG.07.03.01</strong></td>
<td>Evidence Based Infection Control Program</td>
<td>Documentation</td>
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<tr>
<td><strong>IHI</strong></td>
<td>Compliance with Active Surveillance Cultures on Admission</td>
<td><strong>Data Submission Only</strong></td>
</tr>
<tr>
<td><strong>IHI</strong></td>
<td>MRSA Bloodstream Infections per 100 Admissions</td>
<td><strong>Data Submission Only</strong></td>
</tr>
<tr>
<td><strong>NSC</strong></td>
<td>Pressure Ulcer Prevalence</td>
<td><strong>Data Submission Only</strong></td>
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<tr>
<td><strong>NSC</strong></td>
<td>Urinary Tract Infections</td>
<td><strong>Data Submission Only</strong></td>
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<tr>
<td><strong>NSC</strong></td>
<td>Central-Line Associated Bloodstream Infections (CLABSI)</td>
<td><strong>Data Submission Only</strong></td>
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<tr>
<td><strong>NSC</strong></td>
<td>Ventilator Associated Pneumonia (VAP)</td>
<td><strong>Data Submission Only</strong></td>
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Infection Control Bundle – Cont.

<table>
<thead>
<tr>
<th>IHI</th>
<th>IHI Educational Campaign – Hospital implements an educational campaign around the following:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>• Hand Hygiene</td>
</tr>
<tr>
<td></td>
<td>• Room Cleaning</td>
</tr>
<tr>
<td></td>
<td>• MRSA Contact Precautions</td>
</tr>
<tr>
<td></td>
<td>Hospital must meet the following criteria:</td>
</tr>
<tr>
<td></td>
<td>• Post recommended guideline in facilities</td>
</tr>
<tr>
<td></td>
<td>• Provide educational sessions for employees</td>
</tr>
<tr>
<td></td>
<td>• Educational material is made available to employees</td>
</tr>
<tr>
<td></td>
<td>• Designate champions</td>
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<table>
<thead>
<tr>
<th>CDC/APIC</th>
<th>Pneumonia and Influenza Immunization Protocols</th>
<th>Documentation</th>
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<tbody>
<tr>
<td>All Other Bundle</td>
<td>Documentation</td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>---------------</td>
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<tr>
<td>JC/UP.01.01.01</td>
<td>Conduct a pre-procedure verification process</td>
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<tr>
<td>JC/UP.01.02.01</td>
<td>Mark the procedure site</td>
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<tr>
<td>JC/UP.01.03.01</td>
<td>Time Out Prior to Start of Procedure</td>
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<tr>
<td>Perinatal 1</td>
<td>Elective Delivery Prior to 39 Weeks Gestation</td>
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<tr>
<td>Perinatal 2</td>
<td>Recommended DVT/VTE Prophylaxis with C-Section Delivery</td>
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<tr>
<td>Perinatal 3</td>
<td>Corticosteroid Treatment for Preterm Labor/Birth</td>
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</tr>
<tr>
<td>Perinatal 4</td>
<td>Universal Bilirubin Screening</td>
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</tr>
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</table>
**Indicators: The JC National Hospital Quality Measures**

| Heart Failure (HF) | Discharge Instructions  
|                   | Evaluation for LVS Function  
|                   | ACEI or ARB for LVSD  
| Pneumonia (PN)    | Pneumococcal Vaccination  
|                   | Initial Antibiotic Received Within 6 Hours of Hospital Arrival  
|                   | Influenza vaccination  
| Surgical Care Improvement Project (SCIP) | Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision  
|                   | Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time  
|                   | Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery  

Target Driven
Local Community Initiative

- Recognize SRC hospitals play a pivotal role in community
  - Cornerstone in terms of health resources
- Showcase quality and improvement initiatives in local community
  - Allows hospital to target specific community needs
- Constructed in such a way to allow for a diverse group of qualifying community interventions/improvements

Requirements
- Documented need assessment
- Clearly defined goals/targets
- Plan, timeline, evaluation

Example: Childhood obesity → educational seminars in schools
Bonus Bundle
### Electronic Medical Record

- Achieved EMR certification from Certification Commission on Healthcare Information Technology (CCHIT)

OR

- Decision support tool using evidence based medicine for pharmacy management
- Formulary management tool
- Chronic disease management tool
- Preventive medicine tool
- Ability to link diagnostic providers
- Database capability with ability to query

### Telemedicine: Full Compliance with Standard

- Hospital provides documentation that demonstrates compliance
- Hospital will earn 1 point for each telemedicine specialty (up to a maximum of 4 points)
- Select standards adopted from the American Telemedicine Association (ATA):
  - Performance management process that complies with any regulatory or accrediting requirements
  - Necessary and ongoing training to ensure providers possess necessary competencies
  - Process to ensure safety and effectiveness of equipment
  - Redundant systems to ensure: availability of network for critical connectivity and clinical video and exam equipment for critical clinical encounters
### IPS: Full Compliance with Standard

- Intensivists manage or co-manage all ICU patients
- Intensivists exclusively present 8 hours/day 7 days/week
- When not present, return 95% of pages w/n 5 minutes
- FCCS-certified non physician can reach patients w/n 5 minutes in more than 95% cases

### CPOE

- Functioning CPOE in one unit
- At least 75% hospital inpatient medication orders are entered via a CPOE that includes DSS, links to pharmacy, lab, ADT information, and requires electronic documentation before an intercept can be overridden

### IHI Medical Harm

- Collect and submit data for IHI Rate of Medical Harm
- Quarterly Sampling Methodology
- No Target / Data Collection Only
Emergency Care metrics (based on NQF Candidate Consensus Standards) added to the Bonus Bundle of the scorecard – hospitals must have a policy/procedure or standard order set in place addressing the following to receive points (individually scored):

- ED Wait Time
- Severe Sepsis and Septic Shock Management Bundle
- Confirmation of Endotracheal Tube Placement
- Anticoagulation for Acute Pulmonary Embolus
- Pediatric Weight Recorded in Kilograms
Adoption of a Tobacco Free Campus – hospitals will receive bonus points for adopting a tobacco free campus policy, with the following characteristics:

- Completely tobacco free campus (not just within the immediate hospital facility)
- Oversight clearly defined and signage/enforcement
- Compliance corrective action plan identified

Overall goal of providing a safe and healthy environment for patients, visitors and employees while setting a positive example.
Final Product

- **Volume**
  - Reduced focus on outcome metrics
  - Shift weight from where SRC hospitals see low volume to metrics that allow for a fairer assessment of quality

- **Type and Level of Service**
  - Focus on basic quality domains that affect all patients, regardless of hospital size
  - Recognize SRC hospital role in community

- **Resources**
  - Mitigate data collection and administration burden where possible
  - Accommodate levels technology integration

- **Reciprocity**
  - Complementary metrics and bundles
Metric Interplay

J.C. Pediatric Error Prevention Metric
Medication Reconciliation
Pharmacist Active Participation (NQF SP15)
CPOE & EMR
ED Pediatric Weight Recorded

Pediatric Medication Safety

Communication Bundle
Bonus Bundle
SRC Eligibility

Considerations:
- Bed size not a good indicator
  - Reported differently
  - Mid-size hospitals with lower volume in some services

Eligibility criteria for SRC Q-HIP are as follows:

1. Hospital does not offer cardiac surgery and/or elective PCI services (excluding emergency procedures)

   AND

2. Hospital had two or more Q-HIP NHQM measures (out of those included in the Q-HIP scorecard) with a denominator of less than 25 cases
Take Home Messages

- Challenges facing small and low volume hospitals in P4P
- How Anthem utilized small/rural/community (SRC) hospital input and experiences to build a consensus P4P program
- Anthem’s innovative approach measuring and scoring quality in SRC hospitals
Questions and Comments