



The 2nd P in P4P: Towards a Hybrid Data Strategy

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Accurate Measures and Data Are Fundamental for P4P

Incented
by payment
and other
incentives



System Reform
and Redesign
for Quality
& Value



**Documented
Results**

- Quality
- Patient Safety
- Efficiency
- Access
- ROI
- For ALL Americans

Informed
by evidence and
models of
successful
design strategies



Facilitated
by improved
HIT





Achieving Good Measures and Data Requires Multiple Bridges

Between...

HIT World

EMR World

Clinical data

Health Info. Exchanges

Measure developers

Medicare and Medicaid
data

And...

Quality world

Claims data world

Claims data

State data orgs.

Data developers

Private payer data





AHRQ Work to Strengthen EMR Measures and Data

- Work w/ NQF to add measures to EMR
- Supporting HIEs
- Grants to improve ambulatory care measures
- Facilitating use of e-prescribing

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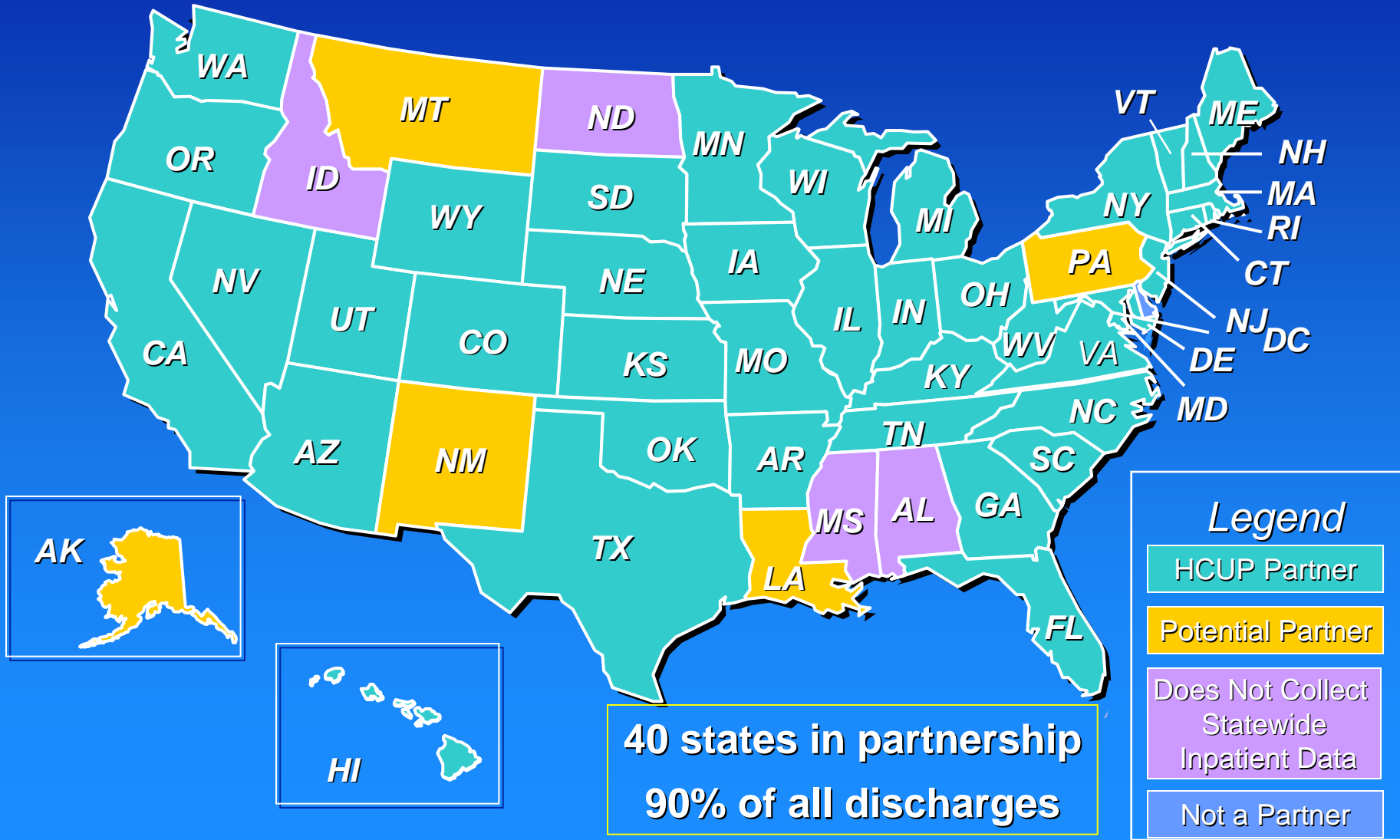
Working from the Other Side: AHRQ Work to Strengthen Claims Data



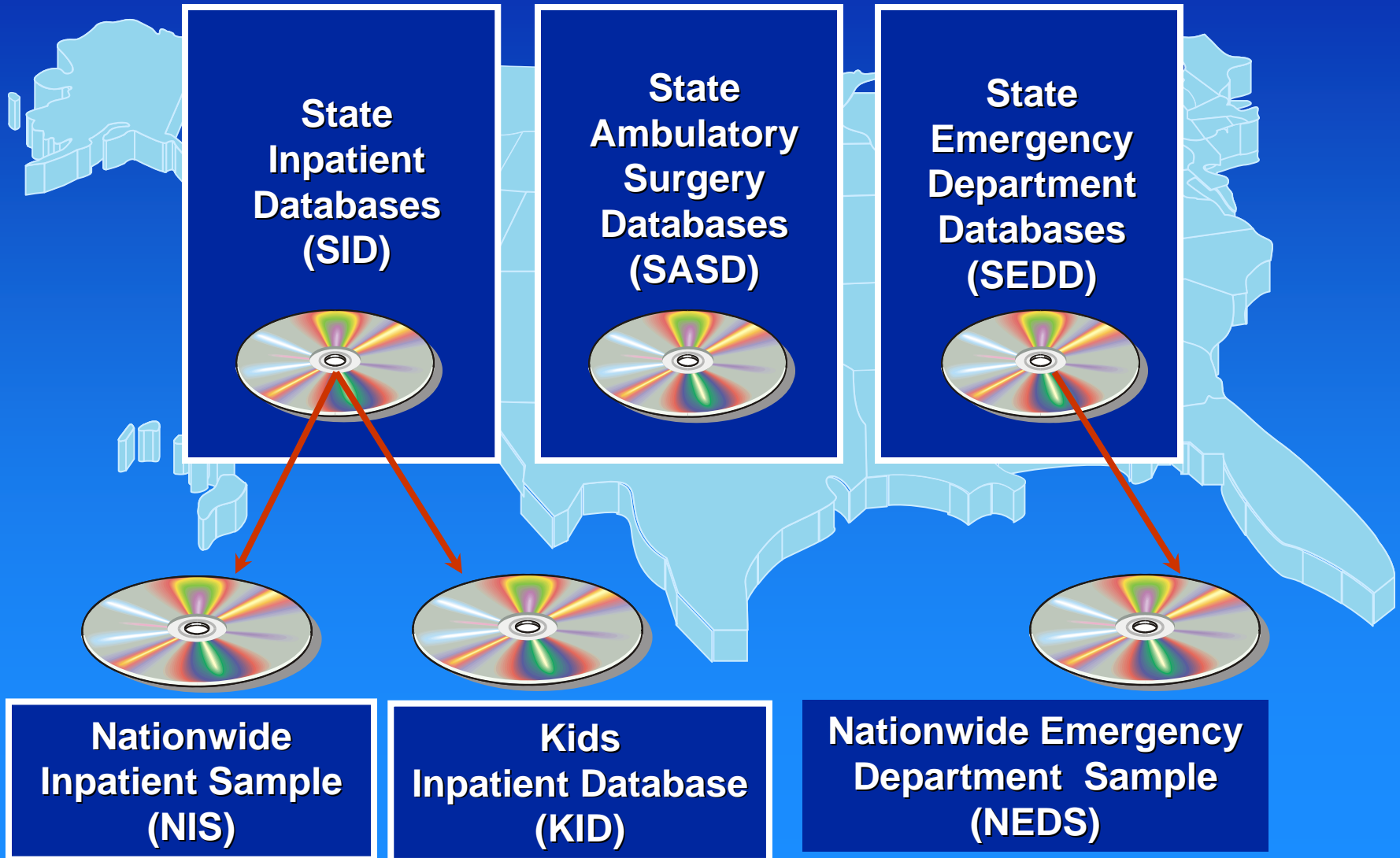
- Healthcare Cost and Utilization Project
- Quality Indicators
- Efficiency Measures
- Public Reporting Template
- Portals with software for local use



The HCUP Partnership: A Voluntary Federal-State-Private Sector Collaboration



HCUP Databases





What is HCUP? And what is it **not**?

HCUP is...	HCUP is not ...
Discharge database for health care encounters	<i>A survey</i>
All payer, including the uninsured	<i>Specific to a single payer, e.g. Medicare</i>
Hospital, ambulatory surgery, emergency department data	<i>Outpatient visits, pharmacy, laboratory</i>
All hospital discharges	<i>A sample</i>
Accessible multiple ways: raw data, regular reports, on-line (HCUPnet)	<i>Just another database</i>

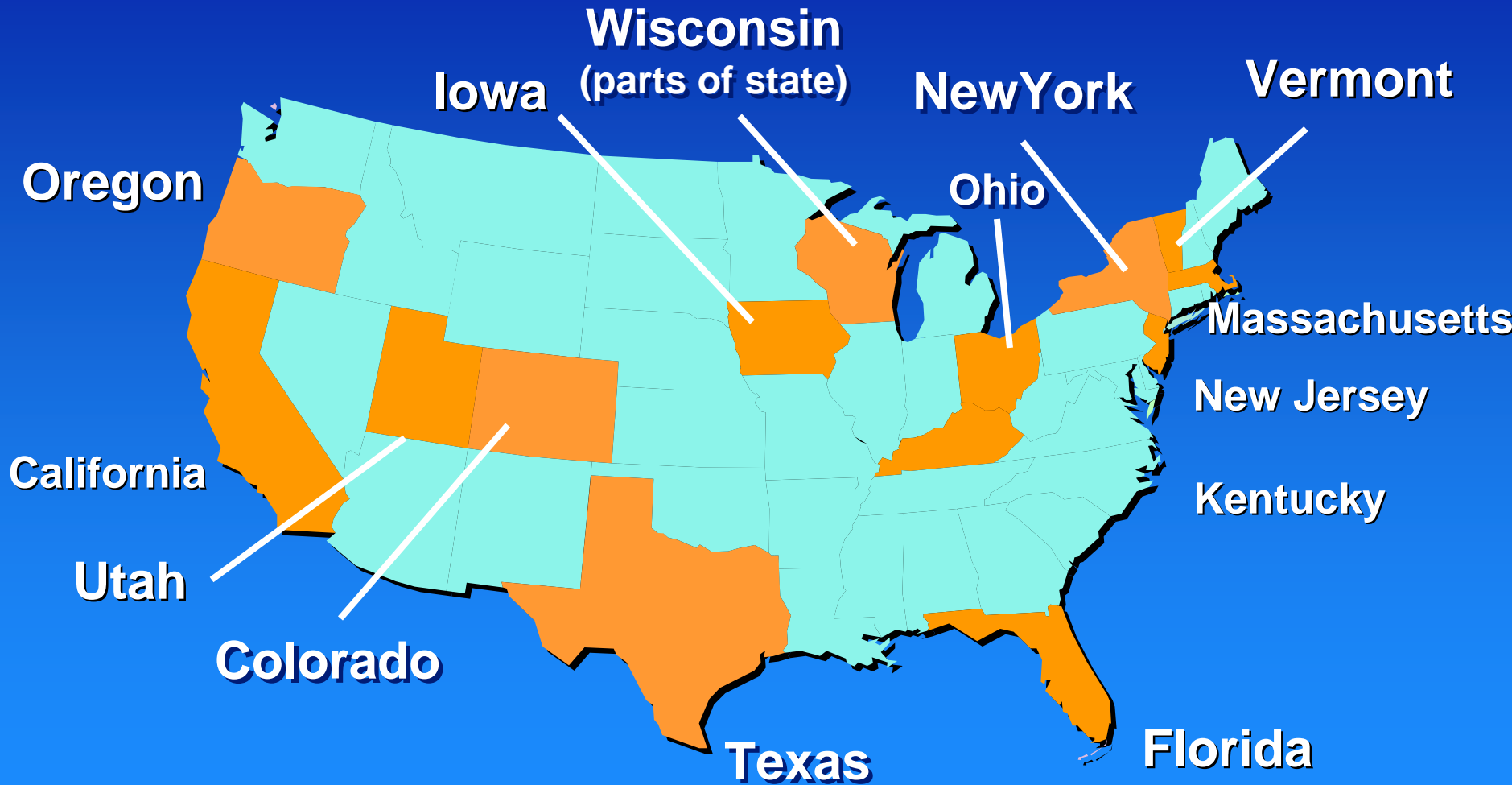


AHRQ Quality Indicators (QIs)

- Developed at behest of state partners
- Use existing hospital discharge data
- Incorporate severity adjustment
- Current modules: Inpatient, Patient Safety, Pediatric and Neonatal, Prevention
- Include composites
- Growing use for reporting and P4P
- NQF endorsement for 40+ so far
- CMS using 9 under new Inpatient Payment rule
- Evidence-based public reporting template available
- 14 states use AHRQ QIs for public reporting



14 States Use AHRQ QIs for Public Hospital Reporting





Next Frontier: Measuring Cost and Efficiency



- Evidence Review on Efficiency Measurement
- Workshops on hospital efficiency measurement and physician-level public reporting
- HSR issue on “Improving Efficiency and Value in Health Care”
- New efficiency chapter in Nat’l Healthcare Quality and Disparities Reports
 - National admissions and costs for aggregate PQIs
 - Relative hospital cost efficiency index



Study Shows Cost-effective Enhancements to Admin. Data*

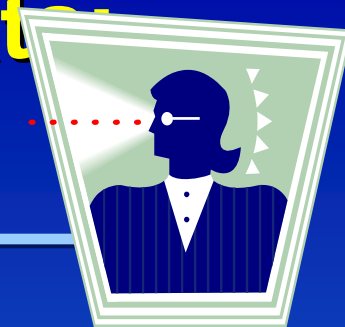
- Assessed impact of incrementally adding more complex clinical information
- Administrative data can be improved at relatively low cost by:
 - Adding present on admission (POA) modifiers
 - Adding numerical lab data on admission
 - Improved coding
- **AHRQ Awarded pilots in VA, FLA, MN, planning contract in WA to show proof of concept**

* Pine M, Jordan HS, Elixhauser A, et al. Enhancement of claims data to improve risk adjustment of hospital mortality. *JAMA* 2007, 267 (1): 71-76.

Jordan HS, Pine M, Elixhauser A, et al., Cost-effective enhancement of claims data to improve comparisons of patient safety. *Journal of Patient Safety* 2007, 3(2): 82-90.

Fry DE, Pine M, Jordan HS, et al. Combining administrative and clinical data to stratify surgical risk. *Annals of Surgery* 2007 (forthcoming).

Administrative/Hybrid Data - The Future



- Improve **timeliness**
- Provide on-line all-payer **market-level data** on cost, quality, efficiency, price.
- Add clinical detail, data links for **accuracy, credibility**
- Expand **outpatient** reach (e.g. physician, episode)
- Pilot **cross-site** data, new data **links**
- New **tools** for expanded data
- Additional **states**, as feasible
- Develop, validate, maintain, deploy **measures in priority areas**
- **Expand data elements** to align with levers of change
- **Tools for change**

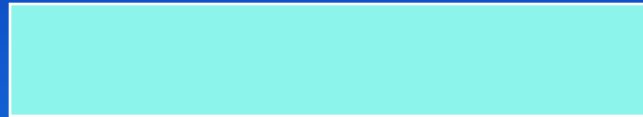


Frontier in All-Payer Claims Data: Data ACROSS Sites:

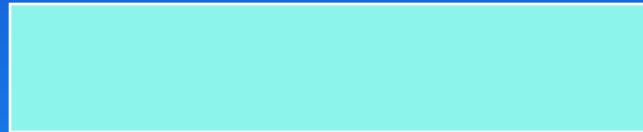
Hospital Data



ED Data



A. Surg. Data



**Cross-site
Data**

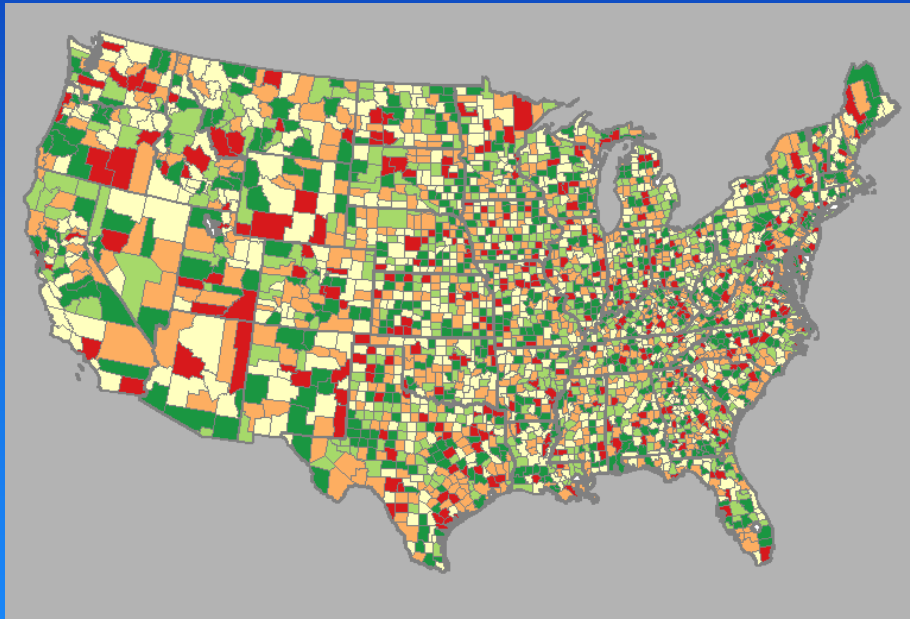


QI Reporting Template(s)

- Challenge: Presentation Matters!!
- Approach: Two Model Templates
 - Composite scorecard
 - Health topic/disease
- Report Sponsors Choose:
 - Overall approach
 - Topics, composites, & measures to report
 - How scores will be calculated
 - The medium to be used
- Model reports are based on:
 - Literature review and analysis
 - Interviews with experts
 - Focus groups with different populations
 - Cognitive interviews



Preventable Hospitalization Costs: A County-level Mapping Tool

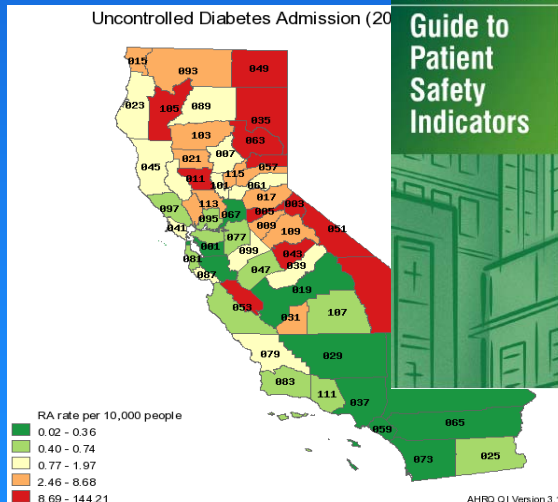


- Potentially Preventable Hospitalizations cost over **\$30B** a year.
- Maps show the admission rates for health problems by county.
- Calculates cost savings if admissions are reduced.
- Can add information about local populations show number of persons at greatest risk for health problems in each county.

NEW! Portal for States, Communities, Others to Display, Analyze Data



- Query paths currently in HCUPnet
- Results based on AHRQ QIs
- Preventable Hospitalization Costs mapping tool
- New ways of presenting information
 - Beyond tables
 - QI Reporting Template
- Other AHRQ tools? Other information?
- Strategies for Improvement



AHRQ
AHRQ QUALITY INDICATORS
Guide to Patient Safety Indicators



Sites for Implementing Measures and Data: Chartered Value Exchanges





Coming Up Next: Starting some Bridge-Building

- Janet Marchibroda – National View on Improving HIE
- J. Marc Overhage – HIE and Pay for Performance
- Linda Davis – Direct Submission of Clinical Data
- Discussion

