



Not Just Your Grandmother's Administrative Data Anymore: The Vision

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Accurate Measures and Data Are Fundamental for P4P



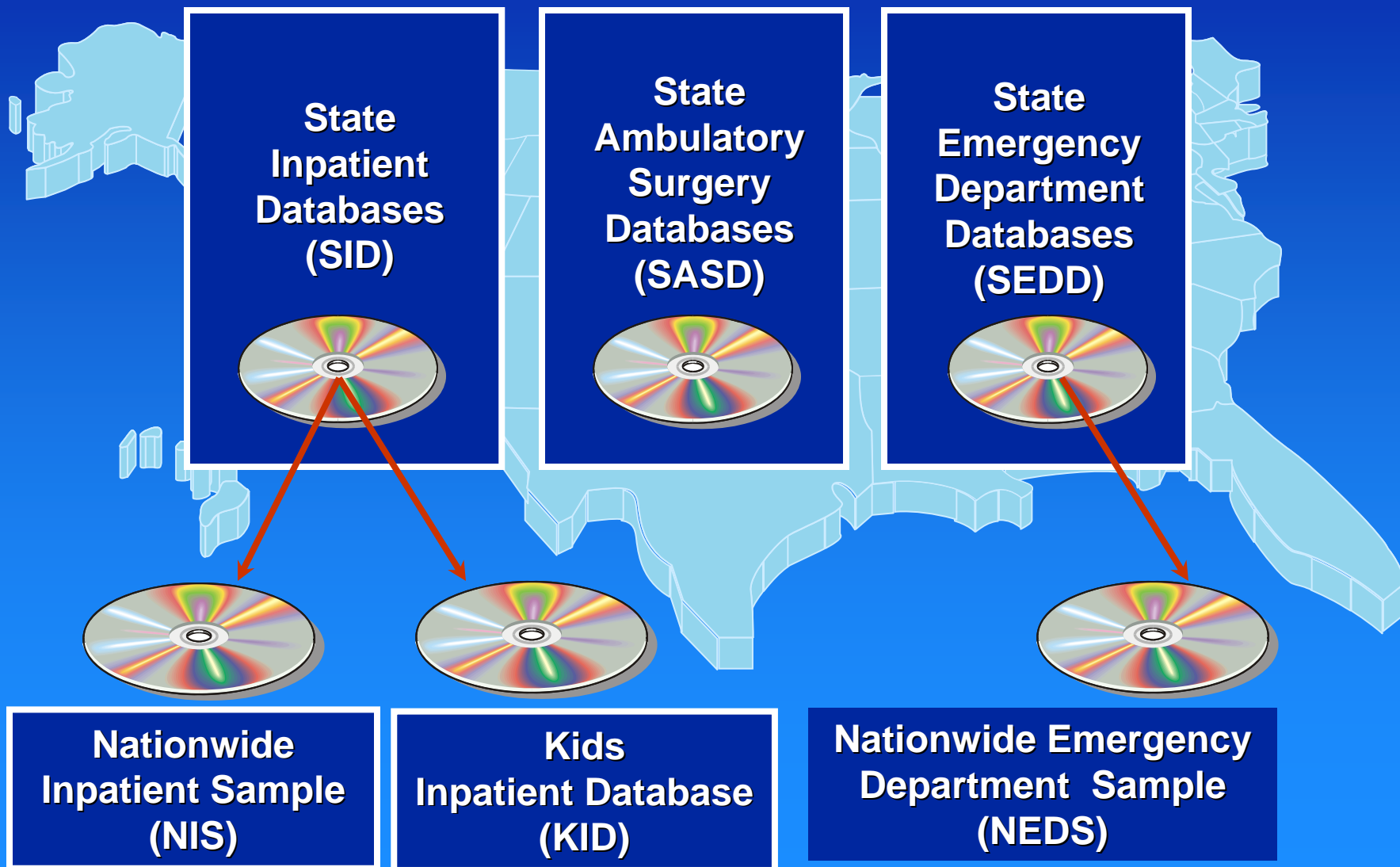


Hospitals, Payers, Policymakers and Consumers Need Good Measures and Data

- Examples of AHRQ initiatives in this area
 - Healthcare Cost and Utilization Project (HCUP)
 - Quality Indicators
 - Medical Expenditure Panel Survey (MEPS)
 - CAHPS
 - National Healthcare Quality & Disparities Reports
 - Registry data
 - Patient Safety Organizations



HCUP Databases





What is HCUP?

And what is it **not**?

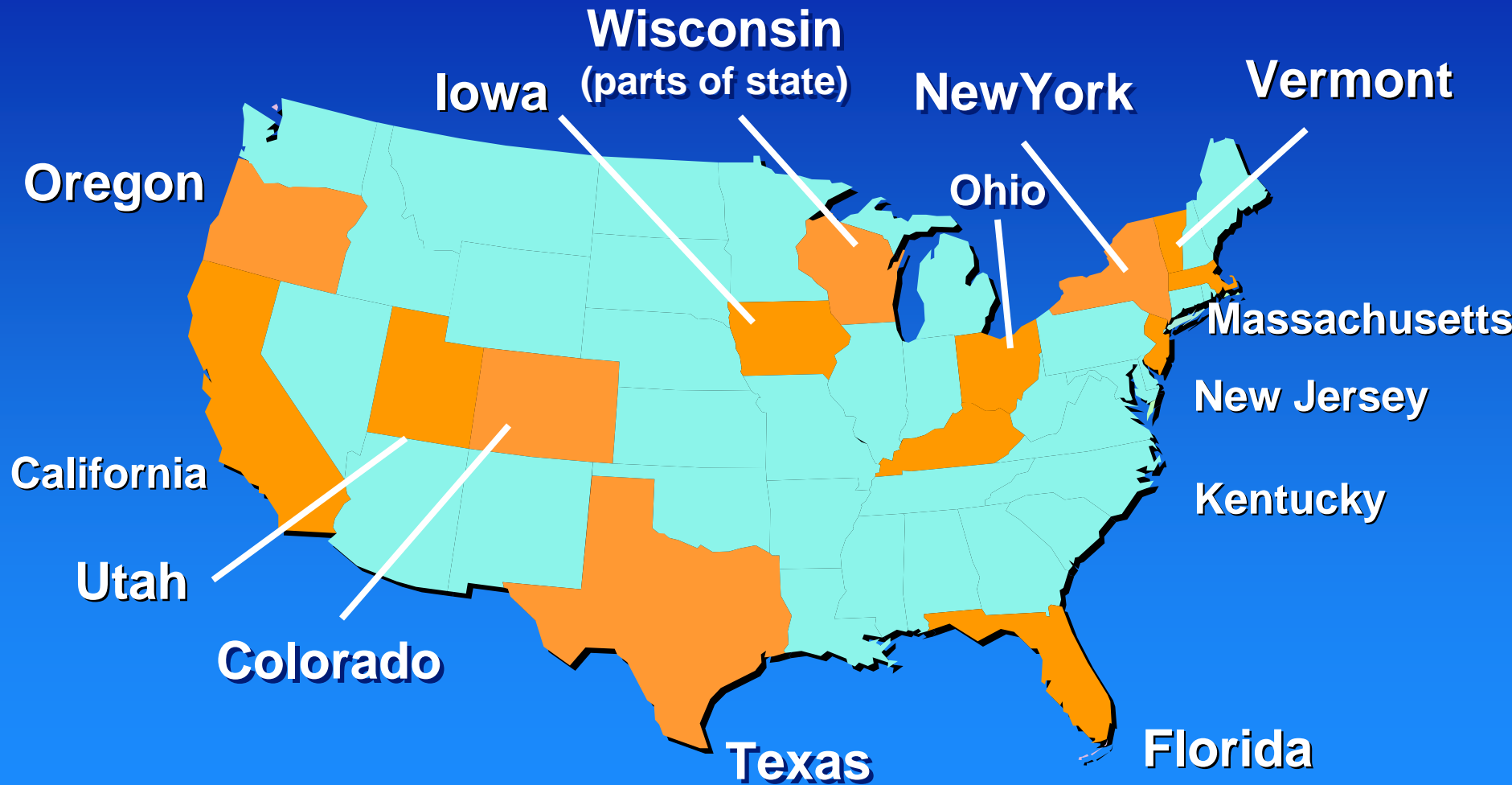
HCUP is...	HCUP is not ...
Discharge database for health care encounters	<i>A survey</i>
All payer, including the uninsured	<i>Specific to a single payer, e.g. Medicare</i>
Hospital, ambulatory surgery, emergency department data	<i>Outpatient visits, pharmacy, laboratory</i>
All hospital discharges	<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





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**

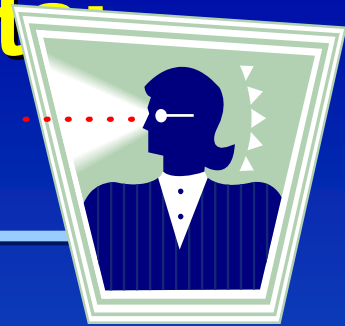
* Pine M, Jordan HS, Elixhauser A, et al. Enhancement of claims data to improve risk adjustment of hospital mortality. JAMA 2007, 267 (1): 71-76.

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**

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

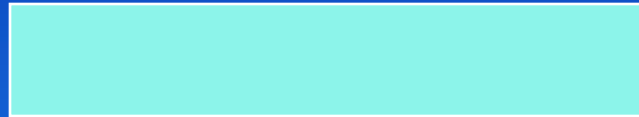


Frontier in All-Payer Claims Data: Data ACROSS Sites:

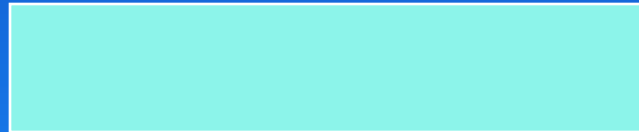
Hospital Data



ED Data



A. Surg. Data



**Cross-site
Data**

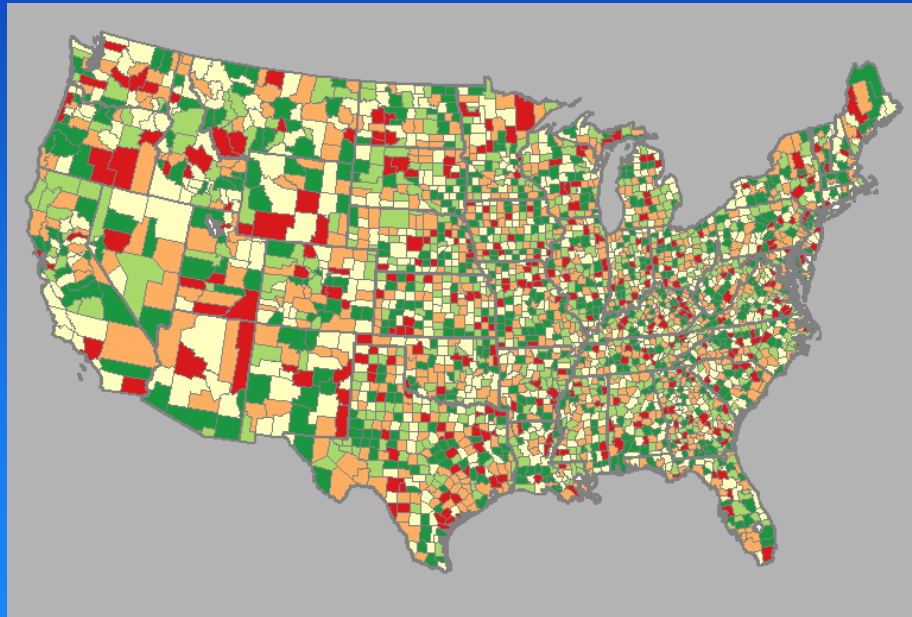


QI Reporting Template(s)

- 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

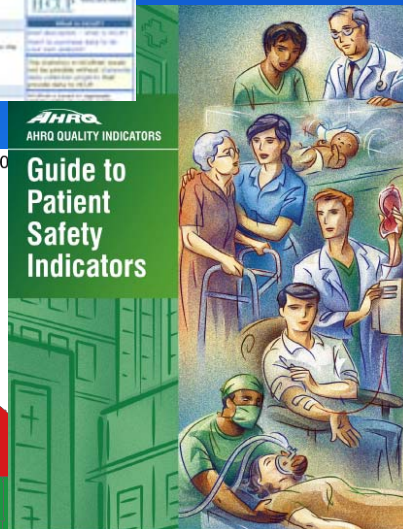
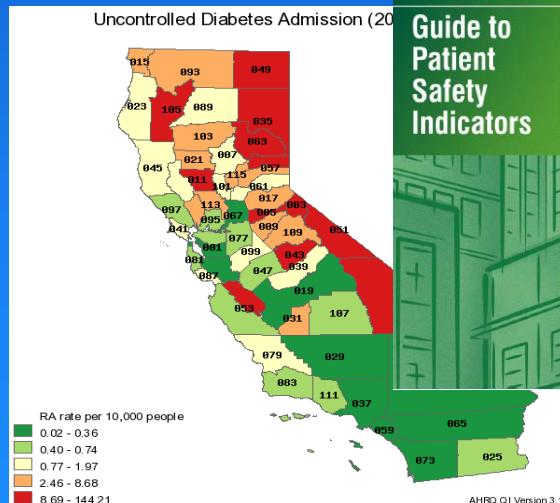


- Potentially Preventable Hospitalizations cost over **\$30B** a year.
- Maps show the admission rates for health problems by county.
- Calculates cost savings if admissions are reduced.
- Can add information about local populations show number of persons at greatest risk for health problems in each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





Today's Discussion

- The Science – Michael Pine
- Discussion
- The National Plan – Roxanne Andrews
- Implementation in California – Joseph Parker
- Discussion

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