

Quality and Efficiency Workgroup
Meeting Notes
8-19-08

In attendance: Larry Pitman, Hareesh Mavoori, Michael Aldridge, Ande Bozarth, Lori Howard, Lynne Valdivia, Allison Peterson, Nancy Pierce, Randy Lambrecht, Ron Whiting, Aleah Mahan

Goal of this meeting:

Complete identification of Quality Measures on grid. Identify 20 of the 31 measures currently on the grid that have valid data sources.

Points of discussion:

Larry relayed Bob Bonney's input that some data is not accessible or readily available. Tier 1 may only be populated with data that is currently readily available.

Measures Confirmed To Remain On Grid:

Maternal Infant Child

1. Prenatal care in 1st trimester (source is NVSS data from KDHE).

Childhood and Adult Immunization

2. Percent of persons age 65 and over who received an influenza vaccination in the past 12 months.
3. Percent of persons age 65 and older who received a pneumococcal vaccination in the past 12 months.
4. Percent of long-stay Nursing Home residents who received an influenza vaccination in the past 12 months.
5. Percent of long-stay Nursing Home residents who received a pneumococcal vaccination in the past 12 months.
6. {Request from Aleah for a Q&E Member to clarify what Measure #6 is}

Respiratory Health

7. Asthma admissions for children

Eliminate A8 data source as it is ages 18 and over, use only A36, ages 2-17).

Heart Disease and Stroke

8. Admissions for congestive HF (excluding patients with cardiac procedures, obstetric and neonatal conditions, and transfers from other institutions) per 100,000 population, age 18 and over.
9. Heart attack patients-administered aspirin within 24 hours of hospital admission.
10. Heart attack patients – Percutaneous Coronary Intervention (PCI) received within 90 minutes of hospital arrival.

Eliminate: Heart Failure Admissions and Heart Failure Readmissions (Tier 2-3)

Diabetes

11. Admissions for diabetes with short-term complications (excluding obstetric admissions and transfer from other institutions) per 100,000 population, age 18 and over.
12. Admissions for uncontrolled diabetes without complications (excluding obstetric admissions and transfer from other institutions) per 100,000 population, age 18 and over.
13. Percent of adults age 40 and over with diabetes who had a foot examination in the past year.
14. Percent of adults age 40 and over with diabetes who had a hemoglobin A1c measurement at least once in the past year.

Mental Health

15. Percent of long-stay nursing home residents who are more depressed or anxious.

Injury and Violence

16. Hospital inpatient surgery patients-prophylactic antibiotics(s) stopped within 24 hours after surgery.
17. Hospital inpatient surgery patients-prophylaxis to prevent venous thromboembolism received. (*MDS data source*).
18. Percent of high-risk, long-stay nursing home residents who have pressure sores (*MDS data source*).

Eliminate: Hospital inpatient surgery patients-received prophylactic antibiotic(s) on hour before incision.

Cancer

19. Rate (per 100,000) of in situ Female Breast cancer diagnoses. (In situ: a neoplasm with all characteristics of malignancy except invasion).
20. Rate per 100,000 of in situ Colorectal cancer diagnoses.
21. Rate per 100,000 of in situ Lung and Bronchus cancer diagnoses.
22. Rate per 100,000 of in situ Prostate cancer diagnoses.

Tobacco

23. Percent of current smokers age 18 and over who reported receiving advice to quit smoking.

Discussion to revise #23 to include: and users of smokeless tobacco

Chronic Kidney Disease

Unclear what data is readily available. Lori Howard will follow up to identify available data sources and report back to the Quality and Efficiency group. Once a current and readily-available data source is identified, measures can be suggested for CKD.

Access to Care

Access to Care and Medical Home are very similar. Discussion regarding data sources indicated that the Commonwealth fund would be a data source. No measures were suggested at this time.

Quality and Efficiency Group representation at 8/20/08 Data Consortium Meeting:

Larry Pitman will represent the Q&E group at the August 20, 2008 Data Consortium meeting and will present the measures that we are recommending for consideration which this group believes are acceptable due to validity by industry standards.

Next Steps:

- Group needs to complete their respective-assigned areas of responsibility on grid.
- Lori Howard will follow up to identify available data sources for CKD and report back to the Quality and Efficiency group.
- Larry will determine when group needs to meet again, following guidance from the 8/20/08 Data Consortium meeting.

Next Meeting:

The next meeting date was not scheduled at this time. Larry will receive guidance at the 8/20/08 Data Consortium meeting to determine when this group needs to meet again.

Quality and Efficiency Workgroup

Meeting Notes

7-16-08

In attendance: Larry Pitman, Hareesh Mavoori, Michael Aldridge, Ande Bozarth, Lori Howard, Lynne Valdivia, Sally Perkins*, Brad Ridley*, Candace Taylor, Aleah Mahan

*via conference call

Goal of this meeting:

Continue to populate the Grid.

Strategy for narrowing the list of elements:

Limit data sources to no older than 5 years, with 2 preferable.

Points of discussion:

The Quality and Efficiency grid is becoming a model for other groups, with exceptional notice of the “elderly people 20/10 categories.”

Karen Cole from the University of Kansas has sent out an email indicating they are putting together health information for consumers that will be complimentary to the KHPA data. Quality and Efficiency members may supply information to Karen.

Populating Grid criteria:

- Determine what Quality Measures fit our goal of Tier 1 information by October 1 and identify information important to consumers and policy makers.
- While Tier 1 is the current focus, Tier 2 and Tier 3 measures will be included. Group may review Tier 1 when discussion of Tier 2 and Tier 3 begins.
- HCUP data is readily accessible, 2006 data reports are actually 2005.
- BRFSS is readily accessible, but may want to weigh factor of self-reported
- Raw data (less than 12 months) is available but not analyzed.
- Group was in agreement of maintaining a threshold of 5 years for data, understanding there are data lags of 1-2 years.
 1. Data older than 5 years old should not be used for any policy decisions.
 2. For legislative purposes, data older than 2 years will not be taken serious.
 3. Age/year filter on web was suggested

- Continuation of selecting measures based on what is beneficial to consumers and policy makers – continuing with Diabetes:
 - Diabetes
 1. Admissions for uncontrolled diabetes without complications (excluding obstetric and neonatal admissions and transfers from other institutions) per 100,000 population, age 18 and over.
 2. Percent of adults age 40 and over with diabetes who had a foot examination in the past year.
 3. Percent of adults age 40 and over with diabetes who had a hemoglobin A1c measurement at least once in the past year.
 4. Admissions for uncontrollable diabetes with short-term complications (excluding obstetric and transfers from other institutions) per 100,000 population, age 18 and over.
 - Mental Health
 - Measures selected:
 1. % of long-stay nursing home residents who are more depressed or anxious.
 2. Percentage of patients aged 18 years and older screened for clinical depression using a standardized tool
 3. Percent of children with emotional, behavioral, or developmental problems who received some mental health care in the past year.
 - a. Data could be pulled from CAHPS for access to care.
 - Injury and Violence – add smaller text to clarify (healthcare related)
 - Measures selected:
 1. Hospital inpatient surgery patients – received prophylactic antibiotic(s) one hour before incision.
 2. Hospital inpatient surgery patients-prophylactic antibiotic(s) stopped within 24 hours after surgery.
 3. Hospital inpatient surgery patients – prophylaxis to prevent venous thromboembolism received.
 4. Prevalence of falls in nursing homes.
 5. Percent of high-risk, long-stay nursing home residents who have pressure sores.
 - Cancer
 - Hareesh will help to gather information regarding the Cancer registry at KU Med, what information is available to measure quality.
 - Measures Selected:
 1. Rate of proportion of X Cancer diagnosis of Stage 1 (breast, colorectal, lung, prostate, skin cancer).

- The Data Consortium Expectations (by September 2008) were defined as follows:
 - Grid populated with 20 measures (or more), with tiering
 - Reporting:
 - Demographic stratification for each measure
 - Consistent measures among workgroups
 - Specific identification of where the data can be located and obtained

- Next Steps for Group:
 - Lynne and Lori - update grid.
 - Hareesh - Exchange of current measures with new findings in regards to Cancer Registry information.
 - All – Fill in grid for all “selected” measures and for new measures on Cancer (pending Hareesh’s information from Cancer Registry)

- Next Meeting:

Tuesday, August 19, 2008, 1 – 3 p.m. at KFMC

Quality and Efficiency Workgroup Meeting Notes 5-21-08

In attendance: Larry Pitman, Hareesh Mavoori, Michael Aldridge, Carol Badsky, Ande Bozarth, Doren Fredrickson, LaVerta Greve, Lori Howard, Melissa Hungerford, Sally Perkins, Nancy Pierce, Brad Ridley, Cindy Stein and Candace Taylor.

Goal of this meeting:

Review the proposed measures for Quality and Efficiency and begin deciding on the recommended elements for presentation to the Data Consortium.

Strategy for narrowing the list of elements:

Focus on measures that reflect on the quality of healthcare delivery rather than on lifestyle issues.

Points of discussion:

Most, if not all, data sources have deficiencies, gaps and/or limitations. The group will attempt to find the best source available for each recommended measure and annotate reports, as needed (e.g. if hospital data excludes specialty hospitals, >65 data excludes persons in nursing homes, etc.).

After all four workgroups have made their recommendations, they will be reviewed to eliminate duplication and to look for any obvious gaps (in case all groups left out important measures, thinking some other group would include them).

Recommended Measures

Measure	Code Number(s)/Source
Pre-natal care in the 1 st trimester	A112; HEDIS / Birth certificate database
Childhood and Adolescent immunization status	A53, C3, D7, E1, E2; Kindergarten records (?)
Percent of persons age 65 and over who received an influenza vaccination in the past 12 months	A88, A106, A113, E34
Pneumococcal vaccination status	A115, B16, E36
Asthma admissions	A8, A36, C15, C16
Admissions for congestive heart failure (CHF)	A1
Readmissions for CHF	Tier 2-3 (not collected)
% of heart attack patients administered aspirin within 24 hours of admission	A61, B1, H4 *Spec. Hosp data needed
Heart attack patients-Percutaneous Coronary Intervention (PCI) received within 90 minutes of hospital arrival	B8
* Population Obesity	
* Percent of mothers breast-feeding	Birth certificate records
* Percent of heart disease and stroke patients	Need to consult experts G23-G28

* The group deemed these very important measures, but decided they fit more appropriately in the Health and Wellness group.

Next Steps:

- 1) Redo the grid –
 - a) Including Nancy Pierce's and Ande Bozarth's recommendations which were inadvertently omitted from the one used today;
 - b) Listing measures selected at this meeting and eliminating those that were ruled out;
 - c) Leaving in the measures not yet addressed.
- 2) Distribute the revised grid
- 3) Hareesh will pass along the recommendations that were made to other workgroups
- 4) Next meeting will be July 16th, 1:00-3:00 at KFMC offices, with teleconferencing offered for those who prefer to participate in that manner.

Quality and Efficiency Workgroup

Meeting Notes

4-3-08

In attendance: Larry Pitman, Hareesh Mavoori, Michael Aldridge, Sonja Armbruster, Carol Badsky, Jodi Faustlin, LaVerta Greve, Lori Howard, Paula Marmet, Ken Mishler, Allison Peterson, Sally Perkins, Ghazala Perveen, Nancy Pierce, Terri Roberts, Candace Taylor, Maren Turner, Lynne Valdivia.

Reminder of the workgroup's task and goal:

- Choose and prioritize measures of healthcare quality and efficiency for public reporting
- Identify essential elements to include in report design
- Identify existing and needed data to produce these reports
- Coordinate with any current initiatives in other agencies and organizations
- Create strategy for capacity building and staffing from routine reporting.
- Goal is to have recommendations ready for presentation to the Data Consortium by October 2008. The recommendations will include:
 - List of 20-50 measures for public reporting, preferably grouped into indicators
 - Measures identified as tier 1, 2 or 3
 - Target audience identified for each of the measures – Consumers, Policy-makers, or Both

Discussion points:

- What information does the marketplace want? How can we best determine this?
 - (See point 1 of workplan, below)
- Should we separate measures into categories – of interest to consumers vs. policy-makers, or process vs. outcome measures?
 - Members are asked to choose a variety of measures and indicate the category(ies) that they fall into on the grid. (See point 3 of workplan)
- How narrowly will we define “tier 1” data?
 - Following a strict interpretation of the “currently collected, publicly reported and validated” data would result in a list limited to hospital data and some HEDIS managed care measures, because most other measures have not gone through the stringent validation process.
 - Group agreed to include data that has a high degree of integrity and is publicly reported and is accepted by industry standards. Several columns on the grid will be consolidated into one, according to this definition.
- Should members only list tier 1 measures at this point in time?
 - This year, the focus is on tier 1, but identifying others, and indicating on the grid the appropriate category is encouraged. This will provide a starting point for next year's work.

Workplan (Assignments in bold):

- 1) **Maren Turner** – explore the issue of “what consumers want to know.” Obtain lists of consumer-desired quality measures.
- 2) **Paula Marmet / Ghazala Perveen**– populate the grid with the 23 “Healthy Kansas 2010” quality measures and send it to Larry.
- 3) **Larry (and staff)** – revise the grid to incorporate the modifications made in the selection criteria discussed in this meeting. Send it out to the group members, showing the “2010” measures.
- 4) **All members** – select approximately 20 measures from the lists provided at the meeting, or from other sources. When using the provided lists, reference a measure by the “code number” for simplicity. Populate the grid and submit to Larry by 5-8-08.
- 5) **Hareesh** – share the Healthy People 2010 framework with all other Data Consortium Workgroups so that their recommendations also build upon the consensual prioritization thought process previously invested in Health People 2010.

Recommended reading:

In a recent e-mail (4/3/08), Larry passed along information about the Consumer-Purchaser Disclosure Project which addresses issues pertinent to tier 2 and 3 data.

See <http://healthcaredisclosure.org/>

Next Meeting: May 21st, 1:00 – 3:00 pm @ KFMC

Quality and Efficiency Workgroup

Meeting Notes

3-12-08

General points to keep in mind:

- First year – concentrate on “tier 1 data” (currently collected and already validated)
- Tier 2 and 3 data can be identified, then discussed further, later on
- Goal is to have recommendations ready for presentation to the Data Consortium by October 2008. The recommendations will include: A list of 20-50 measures for public reporting. These measures will be preferably grouped into indicators and identified as tier 1, 2, or 3. The target audience for each of these measures will also be identified.

Discussion focused on stating the group’s purpose. The following points were raised:

- We should use data that is currently collected and publicly reported (tier 1)
Look at data that is collected, but not publicly reported (tier 2)
How do we decide how to differentiate the availability of data between CAH vs. PPS Hospitals?
- Data release should meet literacy test
- Differentiate use of data – what kind of data is needed?
Information matches audience needs
- Who is our audience?
Consumers, Employers, Policy-makers, etc. We agreed to focus on Consumers and Policy Makers initially.
- Data must be comparable – the question is “what is our comparison indicator/scale?”
- What is our population?
Medicaid, un-insured, insured, all citizens?
Who are we looking out for?
- Are we collecting data from providers only, or are we collecting data that impact consumers and policy? Who are the stakeholders? How can we/should we differentiate indicators depending on the audience?
Examples: Available insurance, access to care, efficiency of claims processing, denial rates
- What information does the marketplace want? How can we best determine this?
- We must have a process for how data is reported and what we are doing about it to make it accessible and usable.
- We must look at the community of services, not just hospitals and physicians. This seemed to be a high priority.
- Avoid using indexes (composite “scores”) Look at attachment B VERY carefully because of the concern that this may be a part of the indicators.

Workplan:

Each member should consider the following issues and attempt to resolve the issue by suggesting an answer or suggested course of action. Sharing one's thoughts with the group by email between meetings is certainly encouraged.

- 1) Define our audience
- 2) Decide how many elements to include (20 to 50) and which are most useful - start with Attachment D (grid) in the meeting packet. We should all study and consider additional or clarifying criteria for selection of elements to be collected. See Attachment D for examples.
- 3) Look at the websites named at the meeting
- 4) Look at crosswalks between these sources – several volunteered to do this, then the challenge was given to all
- 5) Explore issues of Healthy Kansas 2010 – Terri Roberts volunteered to check on this
- 6) Look at what other states are doing: WI, MN, MA, CA, FL
- 7) Allocate separate time slots during the meetings for the whole workgroup to discuss reports for policy makers and reports for consumers (Rather than divide the workgroup into subgroups). This will allow all members to offer input on both these topics.
- 8) Any member is encouraged to share suggested agenda items with Hareesh, LaVerta or Larry.

Recommended Reading: Referenced at the meeting as Tom Bell's paper - "National Performance Measurement Data Strategy"

Next Meeting: April 3rd, 1:00 pm.

Note change of location to: KHPA -9th & Jackson, 9th Floor, Topeka