Community Public Reporting Dashboard

Orientation Web Meeting
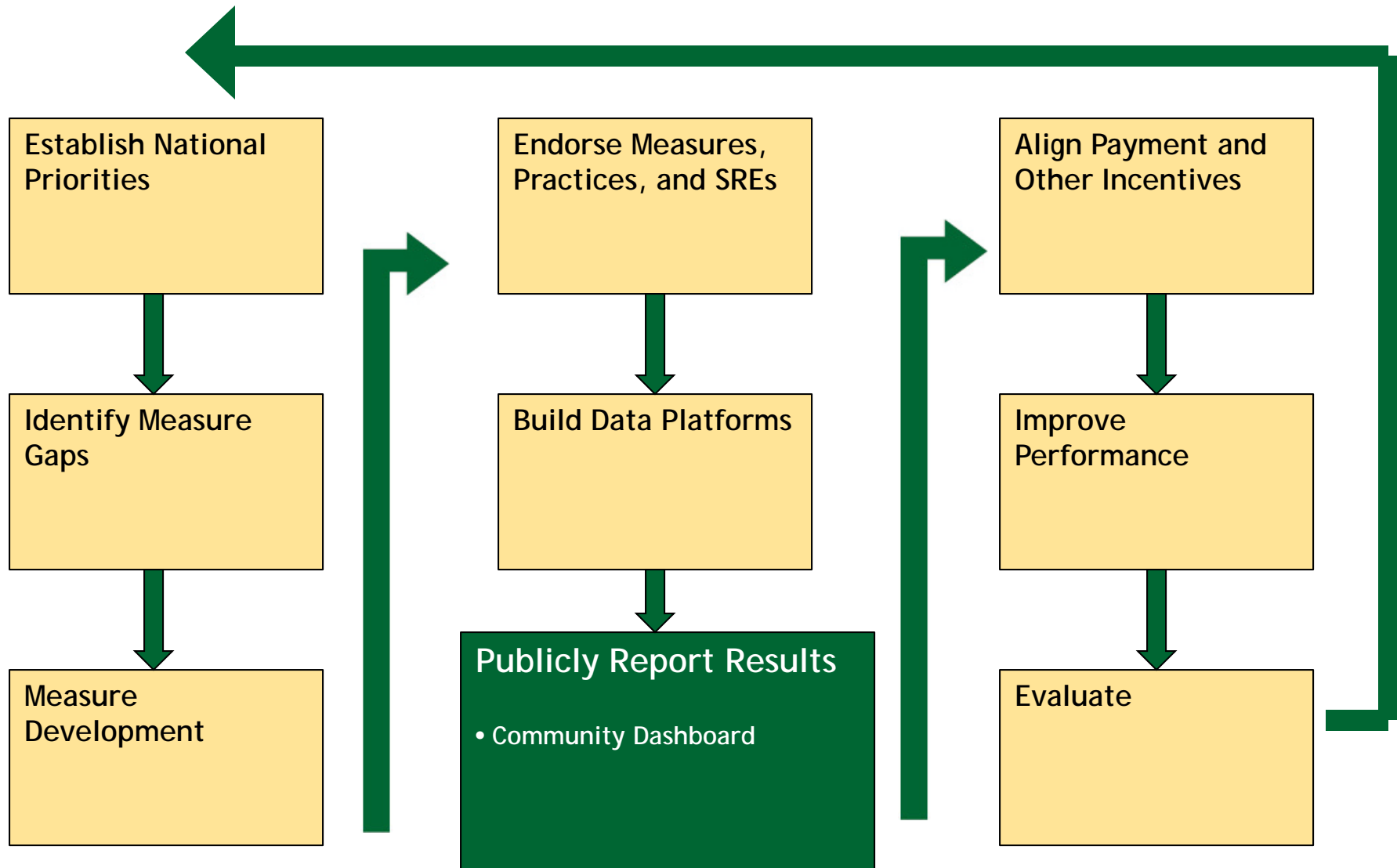
September 28, 2010
12:00pm-2:00pm EST

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The charge of the Community Public Reporting Dashboard Workshop participants is to identify core domains and sub-domains of a public reporting dashboard. Where possible, the group will also identify endorsed metrics.

Communities could then adapt around the core dashboard to reflect the issues specific to their constituents.

Today's Web Meeting Objectives

- Introduce the Community Public Reporting Dashboard Project

- Lay the groundwork through:
  - the National Priorities Partnership priorities & goals;
  - the NQF-endorsed Patient Focused Episodes of Care Framework; &
  - the Department of Health & Human Services Proposed National Health Strategy

- Provide results of a public reporting environmental scan

- Explain first step ranking exercise for building Dashboard

Introduction of the Community Public Reporting Dashboard Project

Quality Enterprise Functions: NQF Contributions

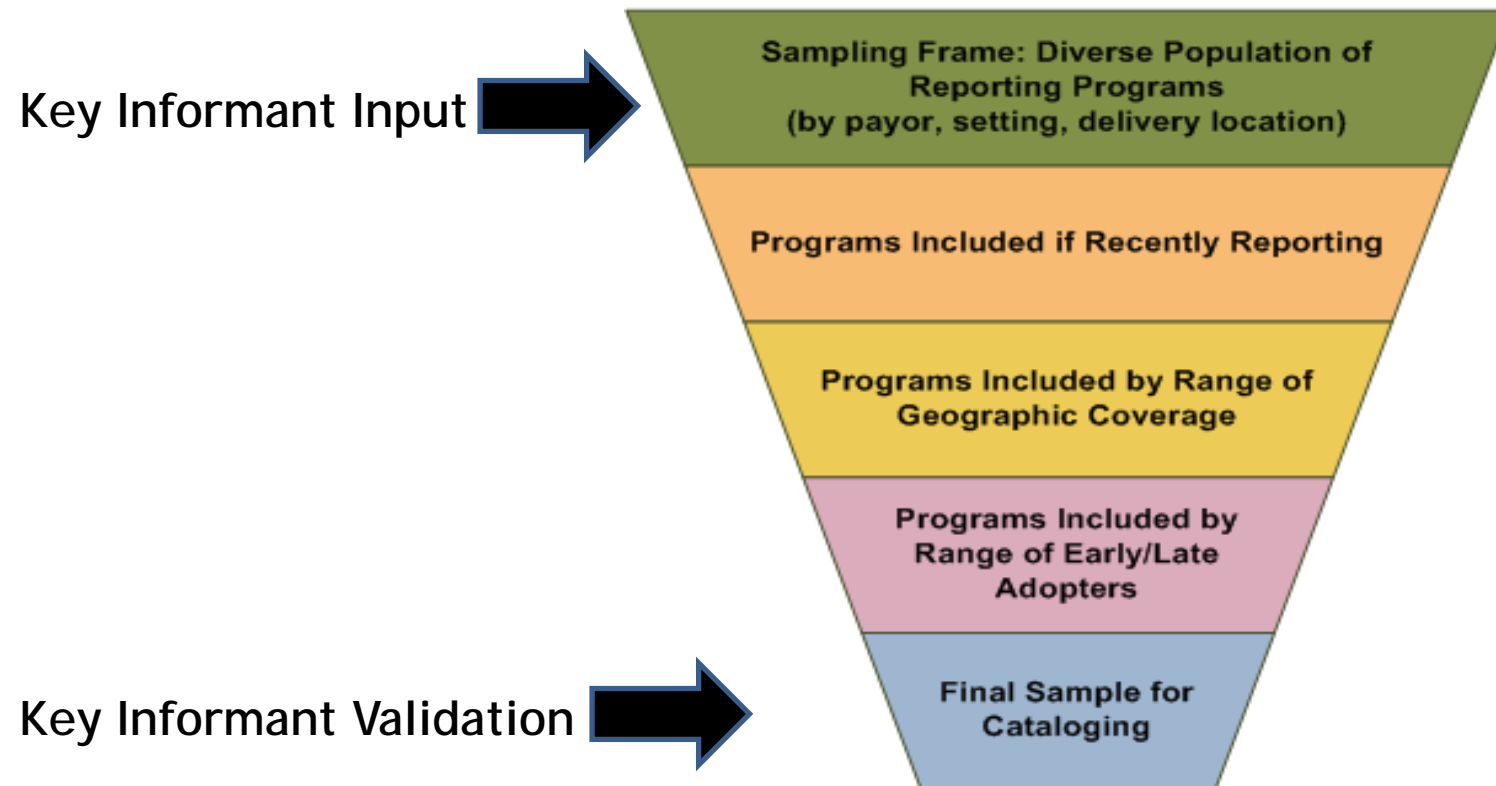| Establish National Priorities	Endorse Measures, Practices, and SREs	Align Payment and Other Incentives
Identify Measure Gaps	Build Data Platforms	Improve Performance
Measure Development	**Publicly Report Results** • Community Dashboard	Evaluate

Why a Standardized Dashboard?

- Enable true quality comparisons of a core set of measures, while providing community flexibility

- Give consumers better information to make informed decisions

Process: Phase One – March through July 2010

- Conduct an environmental scan of public reporting programs – national, state, county, regional

- Catalog sample of public reporting programs & their measures

Sampling Strategy for Environmental Scan & Analysis of Public Reporting Programs

Key Informant Input →

Sampling Frame: Diverse Population of Reporting Programs (by payor, setting, delivery location)

Programs Included if Recently Reporting

Programs Included by Range of Geographic Coverage

Programs Included by Range of Early/Late Adopters

Key Informant Validation →

Final Sample for Cataloging

Process: Phase Two – July through August 2010

- Map cataloged measures to NQF's integrated patient-focused episode of care framework & National Priorities

Process: Phase Three – August through October 2010

- Develop report of scan & analysis results

- Convene stakeholder group to identify a prioritized set of domain and sub-domain areas for use in a community-based public reporting dashboard

Project Deliverables:

- Environmental scan & catalog report that presents convergence & divergence of current public reporting programs

- Database that includes scanned & cataloged programs along with their measures

- Guidance document that recommends measure domains & sub-domains for public reporting

Next Steps:

- Pilot of dashboard with three communities

- Documentation of lessons learned

Questions & Discussion?

- *Is the charge of the group clear?*
- *Do you understand the scope of the work & the objectives?*

Laying the Groundwork: NPP Integrated Framework & Alignment with the HHS National Healthcare Strategy

- National Priorities Partnership:
  - Patient & Family Engagement
  - Population Health
  - Safety
  - Care Coordination
  - Palliative & End-of-life Care
  - Overuse

- Patient-focused episodes of care

42 multi-stakeholder organizations
- Consumers
- Purchasers
- Quality alliances
- Health professionals/providers
- State-based associations
- Community collaboratives & regional alliances
- Accreditation/certification groups
- Health plans
- Supplier & industry groups

Six ex officio non-voting members

CMS, CDC, AHRQ, NIH, HRSA, VA

Co-Chairs:

Bernie Rosof, MD, Physician Consortium for Performance Improvement
Margaret O'Kane, MHS, National Committee for Quality Assurance

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- Engage patients & their families in managing their health & making decisions about their care

- Areas of focus:
  – Patient experience of care
  – Patient self-management
  – Informed decision-making

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- Improve the health of the population

- Areas of focus:
  - Preventive services
  - Healthy lifestyle behaviors
  - National index to assess health status

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- Improve the safety & reliability of America's healthcare system

- Areas of focus:
  - Healthcare-associated infections
  - Serious adverse events
  - Mortality

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- Ensure patients receive well-coordinated care within & across all healthcare organizations, settings, & levels of care

- Areas of focus:
  - Medication reconciliation
  - Preventable hospital readmissions
  - Preventable emergency department visits

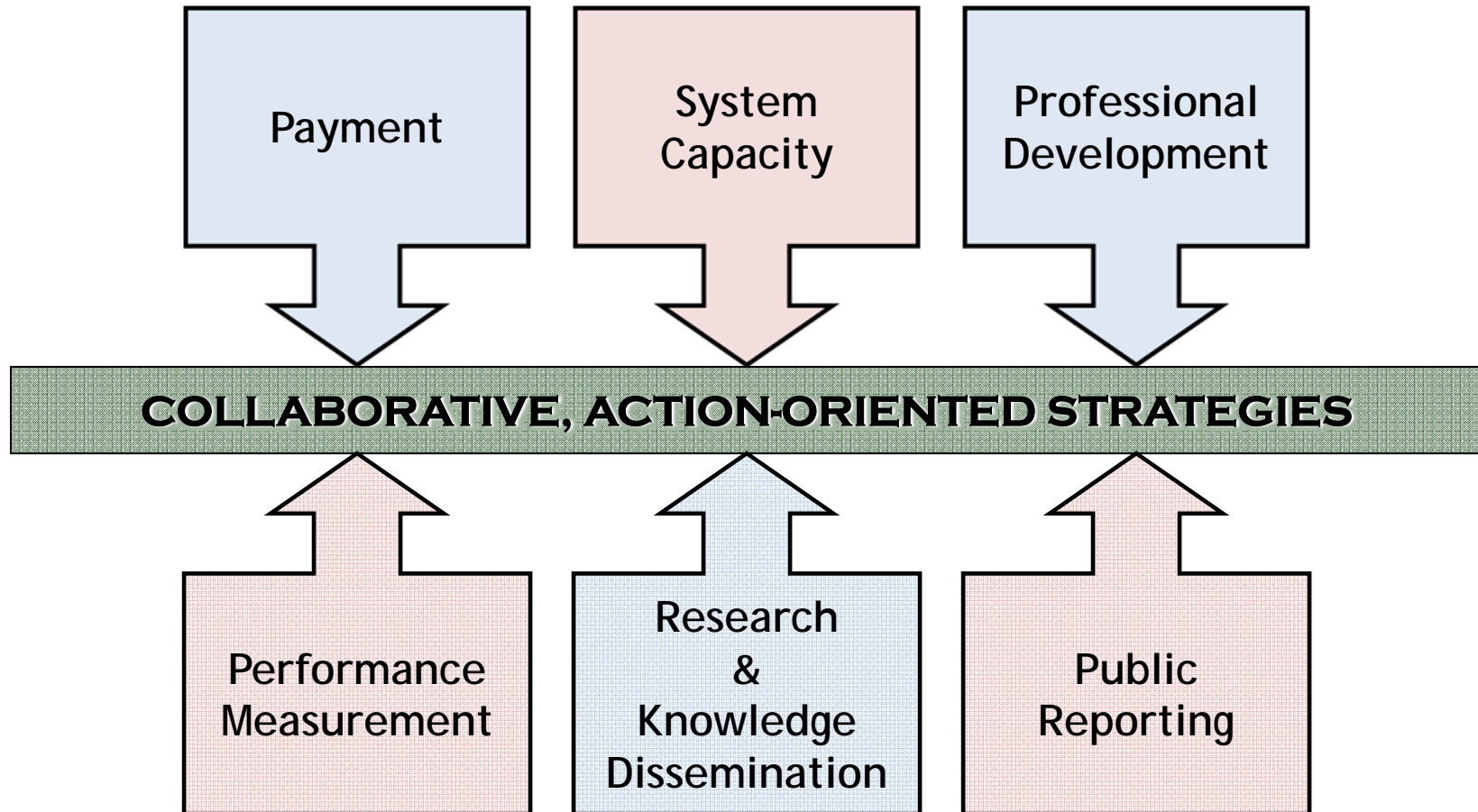© **National Priorities Partnership**

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- Guarantee appropriate & compassionate care for patients with life-limiting illnesses

- Areas of focus:
  - Relief of physical symptoms
  - Help with psychological, social & spiritual needs
  - Effective communication regarding treatment options, prognosis
  - Access to high-quality palliative care & hospice services

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Overuse

- Eliminate overuse while ensuring the delivery of appropriate care

- Areas of focus:
  - Inappropriate medication use
  - Unnecessary lab tests
  - Unwarranted maternity care interventions
  - Unwarranted diagnostic procedures
  - Unwarranted procedures
  - Unnecessary consultations
  - Preventable emergency department visits & hospitalizations
  - Inappropriate non-palliative services at end of life
 - Potentially harmful preventive services with no benefit

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Payment

System Capacity

Professional Development

COLLABORATIVE, ACTION-ORIENTED STRATEGIES

Performance Measurement

Research & Knowledge Dissemination

Public Reporting

Patient-Focused Episodes of Care

- Patient-focused orientation
  - Follows the natural trajectory of care over time
- Directed at value
  - Quality, costs, & patient preferences
- Emphasizes care coordination
  - Care transitions & hand-offs
- Promotes shared accountability
  - Individual, team, system
- Addresses shared decision-making
  - Attention to patient preferences
- Needed to support fundamental payment reform

- Patient-level outcomes (better health)
  - Morbidity & mortality
  - Functional status
  - Health-related quality of life
  - Patient experience of care

- Processes of care (better care)
  - Technical
  - Care coordination/transitions /care planning
  - Decision quality – care aligned with patients' preferences

- Cost & resource use (less overuse, waste, misuse)
  - Total cost of care across the episode
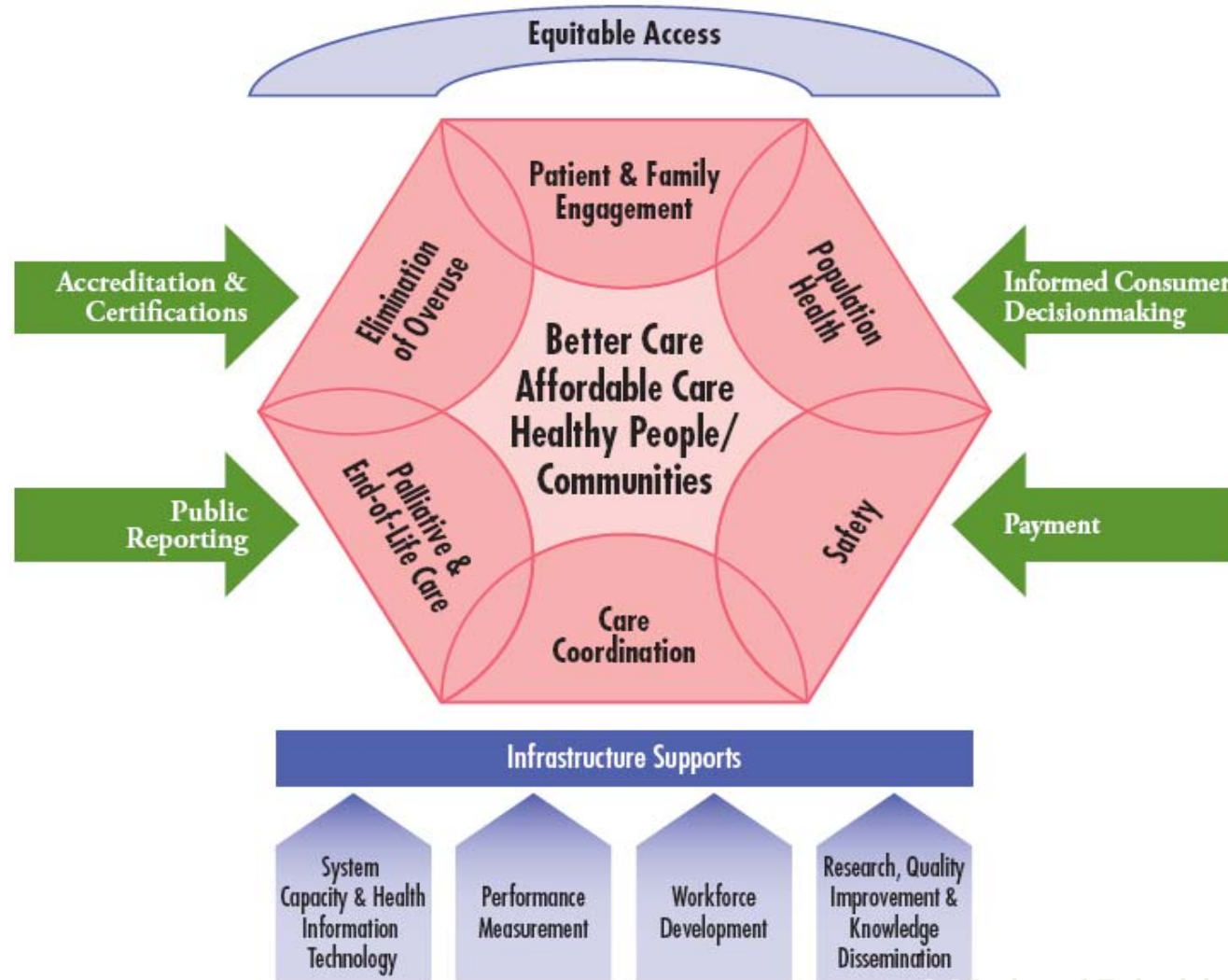 - Patient opportunity costs
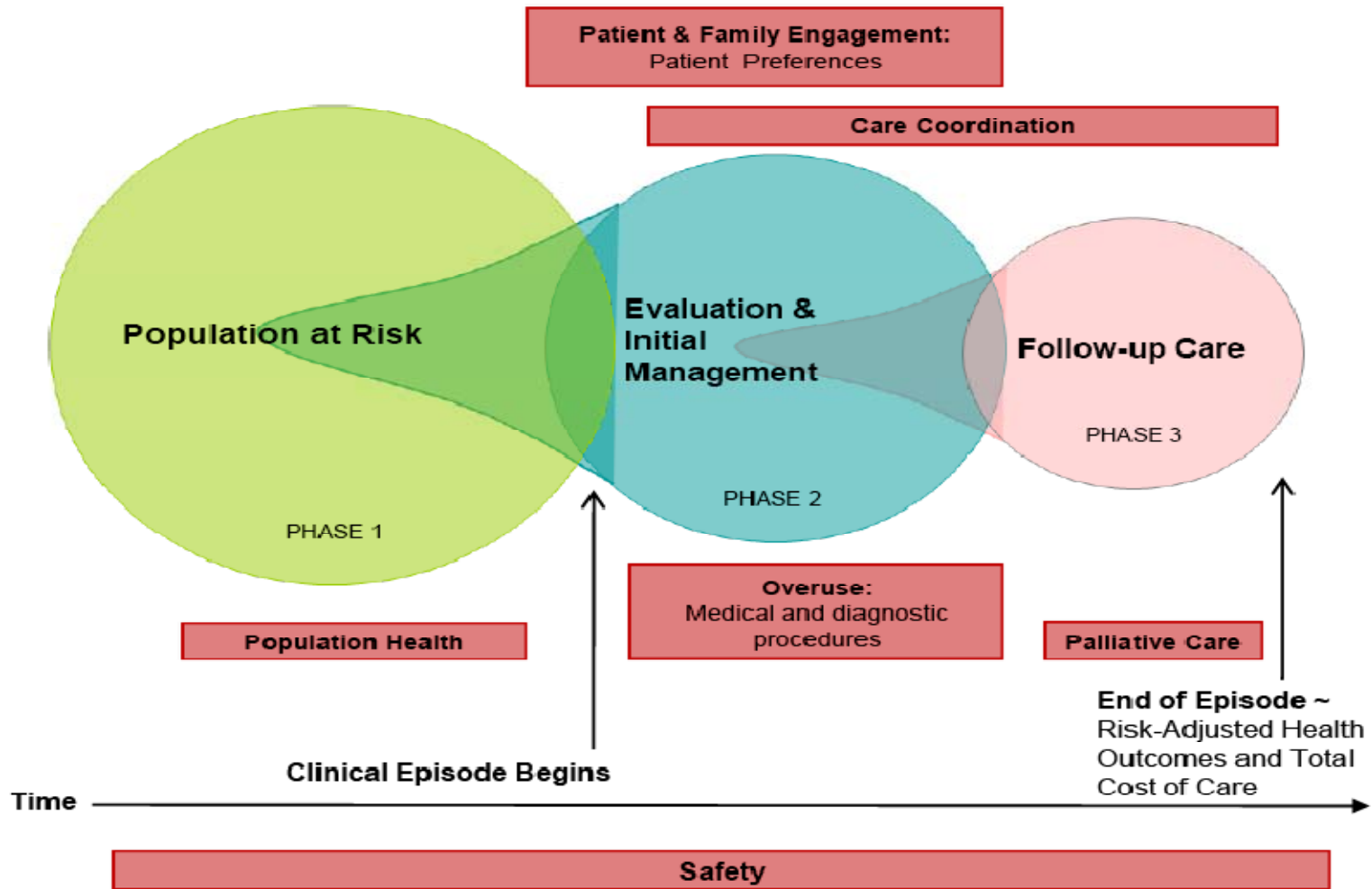
Health reform legislation, the Patient Protection & Affordable Care Act (PPACA), requires the Secretary of Health & Human Services to *"establish a national strategy to improve the delivery of health care services, patient health outcomes, & population health."*

HR 3590 §3011, amending the Public Health Service Act (PHSA) by adding §399HH (a)(1)

Measure Development & Endorsement Agenda

- Alignment with the national priorities & strategy for healthcare quality improvement

- Identification of priority measure gaps to direct development resources to high leverage areas

- Continuous scan of the measure development pipeline to make mid-course corrections, as necessary

- **HEALTH REFORM LINKS:**
  - AHRQ and CMS to conduct triennial **assessment of measure gaps** (ACA Section 3013)
  - **$75 million for measure development** authorized, but not yet appropriated (ACA Section 3013)
  - Expanded **public report**ing & new **performance-based payment** reform models (various ACA provisions)
  - Measurement of **HIT meaningful use** (ARRA HITECH provisions)
  - Mandate & funding for **child health performance measures** (CHIPRA quality provisions)

- Domains
  - High-quality care
  - Affordable care
  - Good health

- Principles
  - Patient-centeredness & family engagement
  - Quality care for patients of all ages, populations, service locations, & sources of coverage
  - Elimination of disparities
  - Alignment of public & private sectors

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Questions & Discussion?

- *Does the integrated framework provide a starting point for thinking about a Dashboard?*
- *What might be missing?*

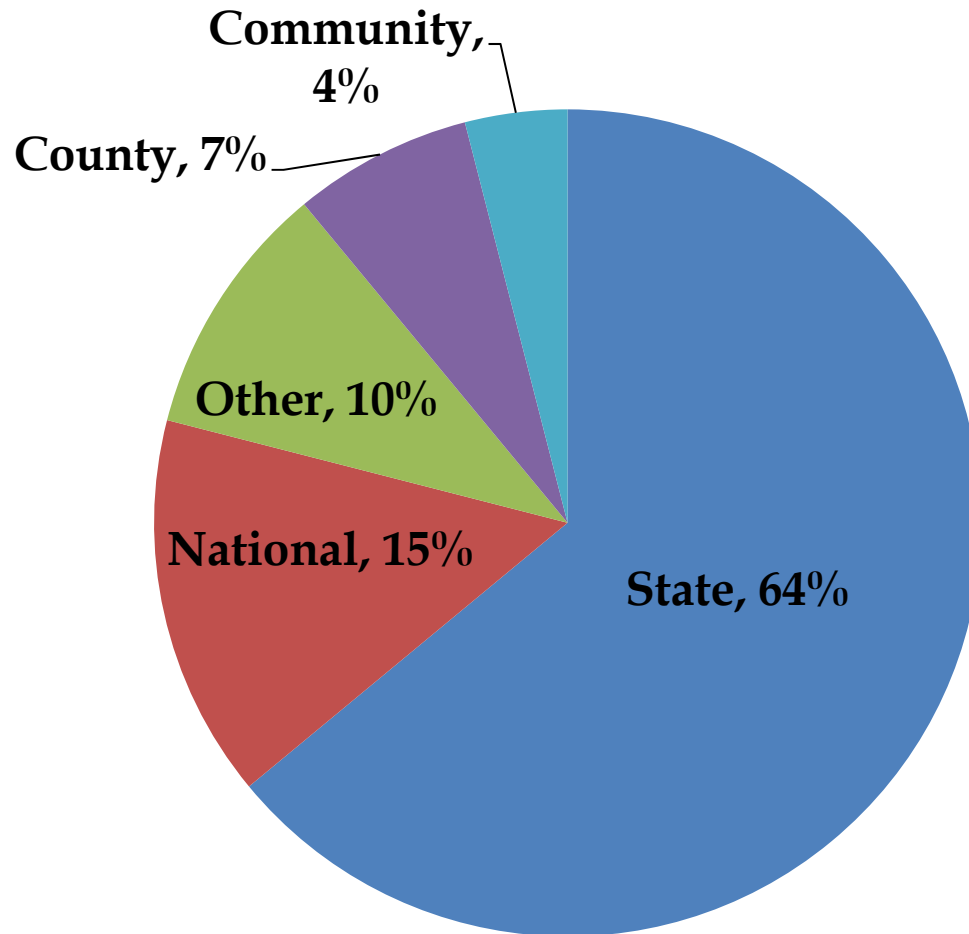# *Public Reporting Environmental Scan, Catalog, & Mapping Results*

Sample Selection

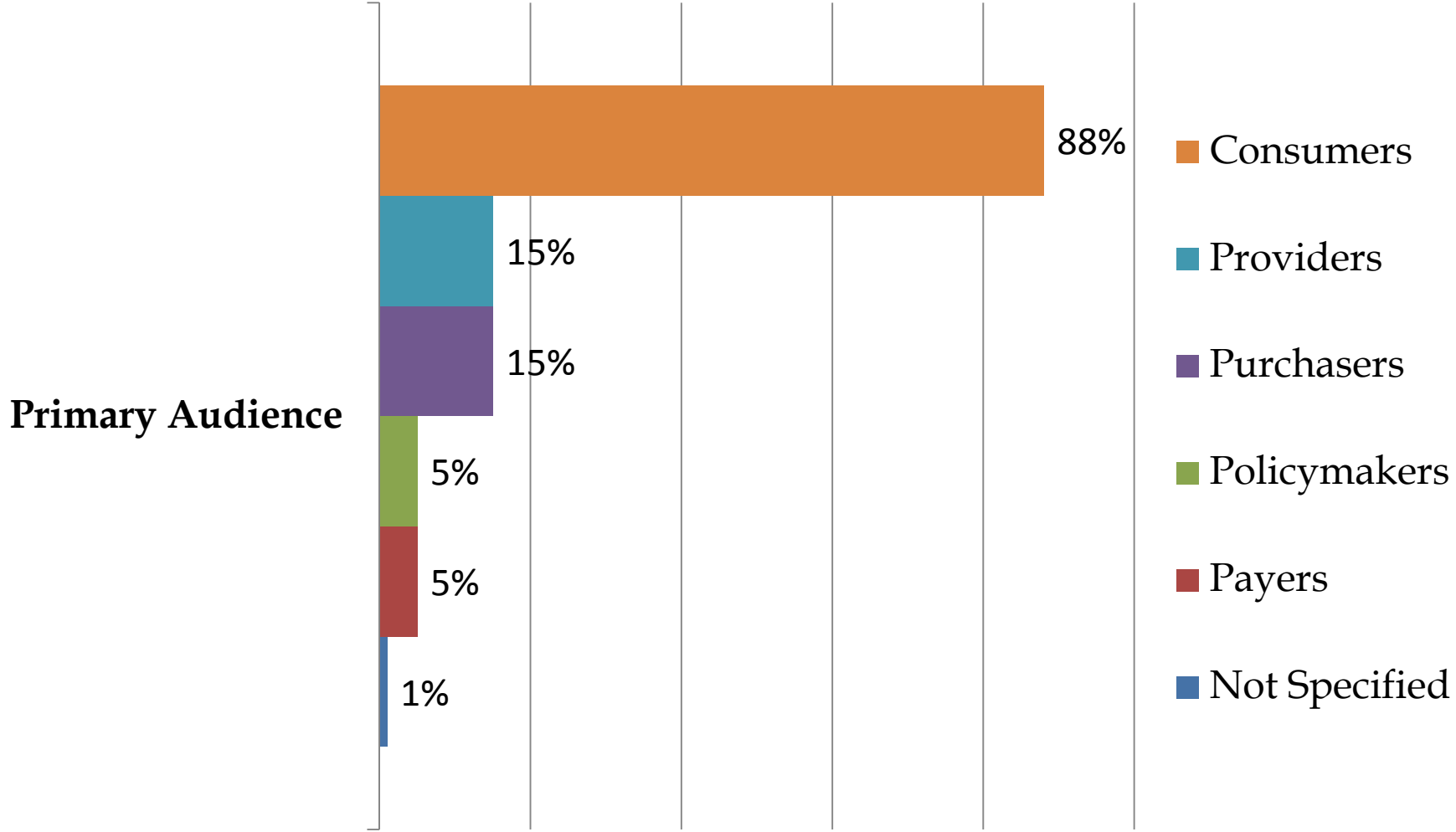- Over 300 public reporting programs scanned

- 72 selected for cataloging based on geographic focus, early/late adopter status, & key informant validation

- 4,254 total measures were cataloged for the 72 programs – there were 1,658 unique measures

Characteristics of the 72 Programs

- 71% of programs began public reporting after 2005

- 29% of programs reported before 2005

Geographic Focus of Reports

Environmental Scan & Catalog Results

Primary Audience

88%	■ Consumers
15%	■ Providers
15%	■ Purchasers
5%	■ Policymakers
5%	■ Payers
1%	■ Not Specified

Note: Categories are not mutually exclusive so numbers add up to more than 100%

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Environmental Scan & Catalog Results

Report Sponsor

- State Gov't — 33%
- Multi-stakeholder — 24%
- Consumer/advocacy group — 13%
- Employer business group — 10%
- Commercial health plan — 7%
- Other organization — 6%
- Hospital association — 4%
- Academic institution — 1%
- Provider group — 1%
- Federal Gov't — 1%
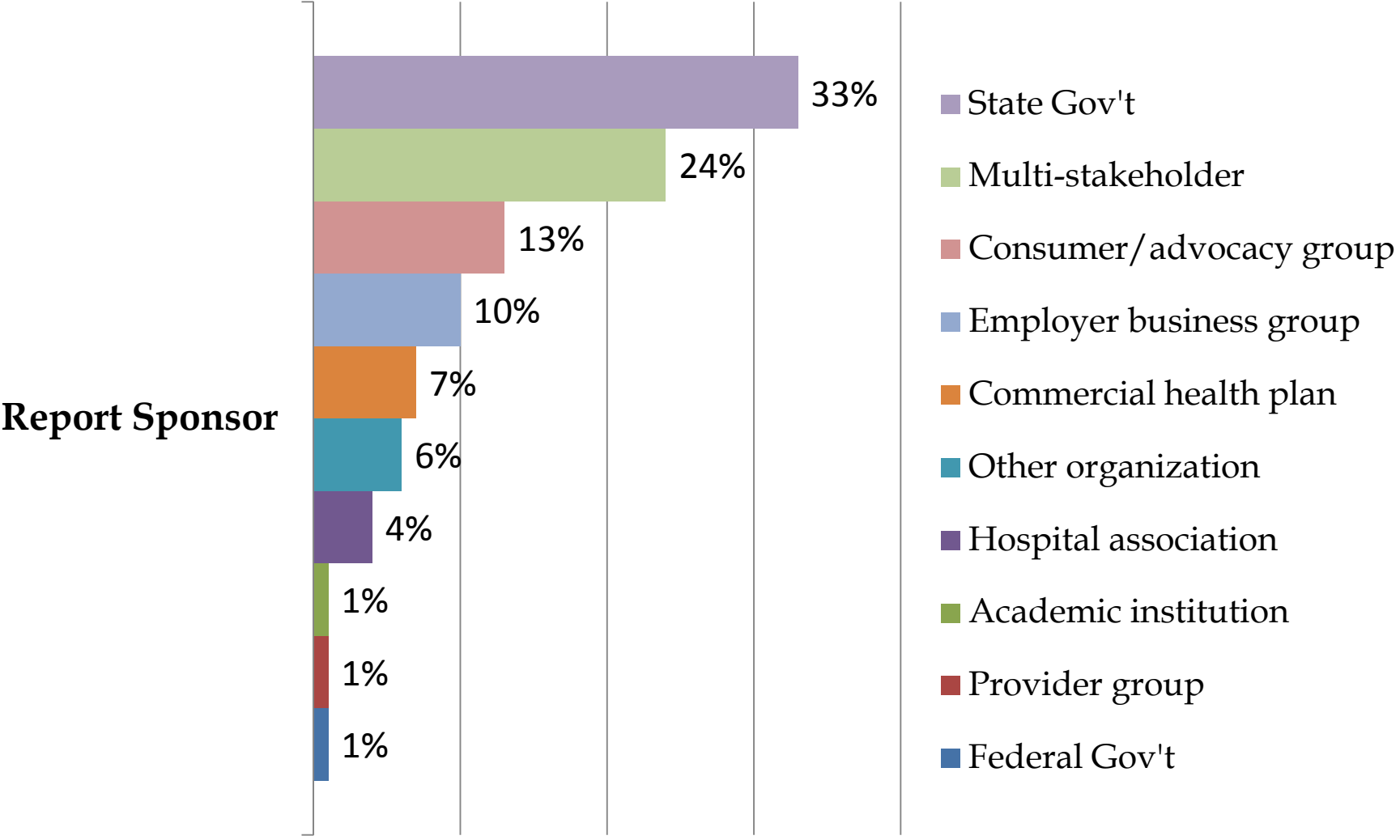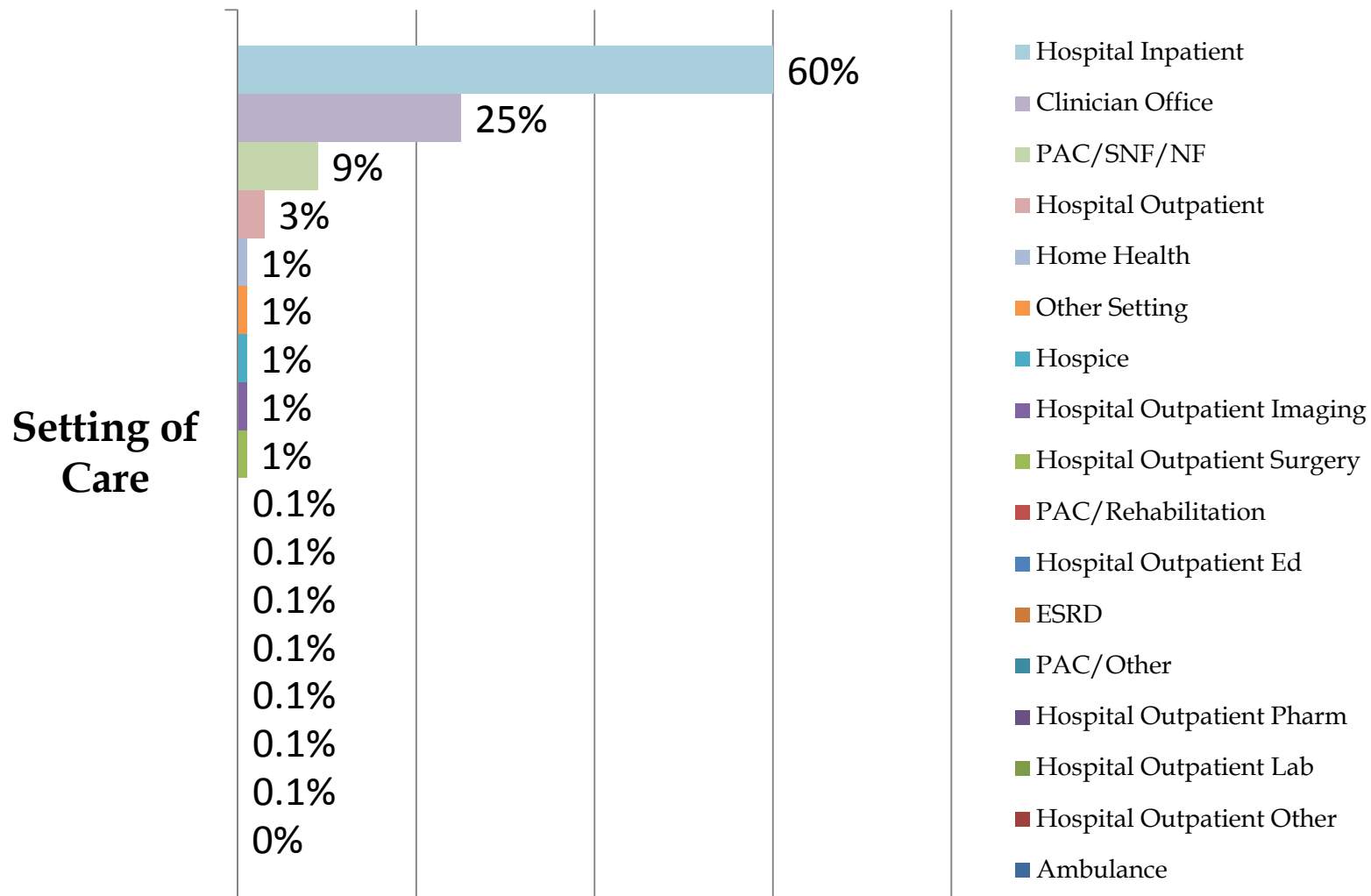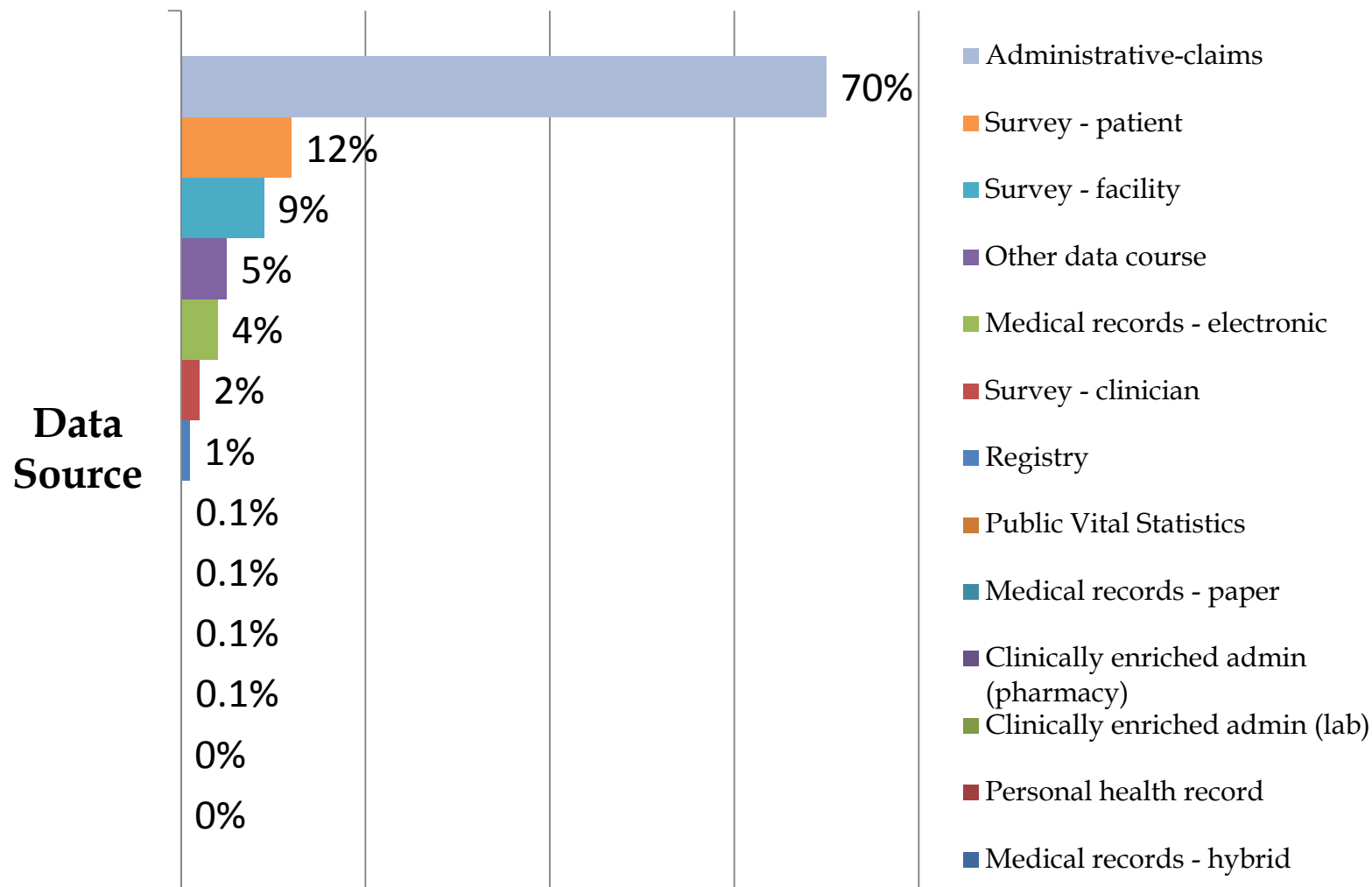
Characteristics of the Measures

- 71% of the measures cataloged were not NQF-endorsed®

- However, 78% of programs did use an NQF-endorsed® measure in their reporting

Environmental Scan & Catalog Results

Setting of Care

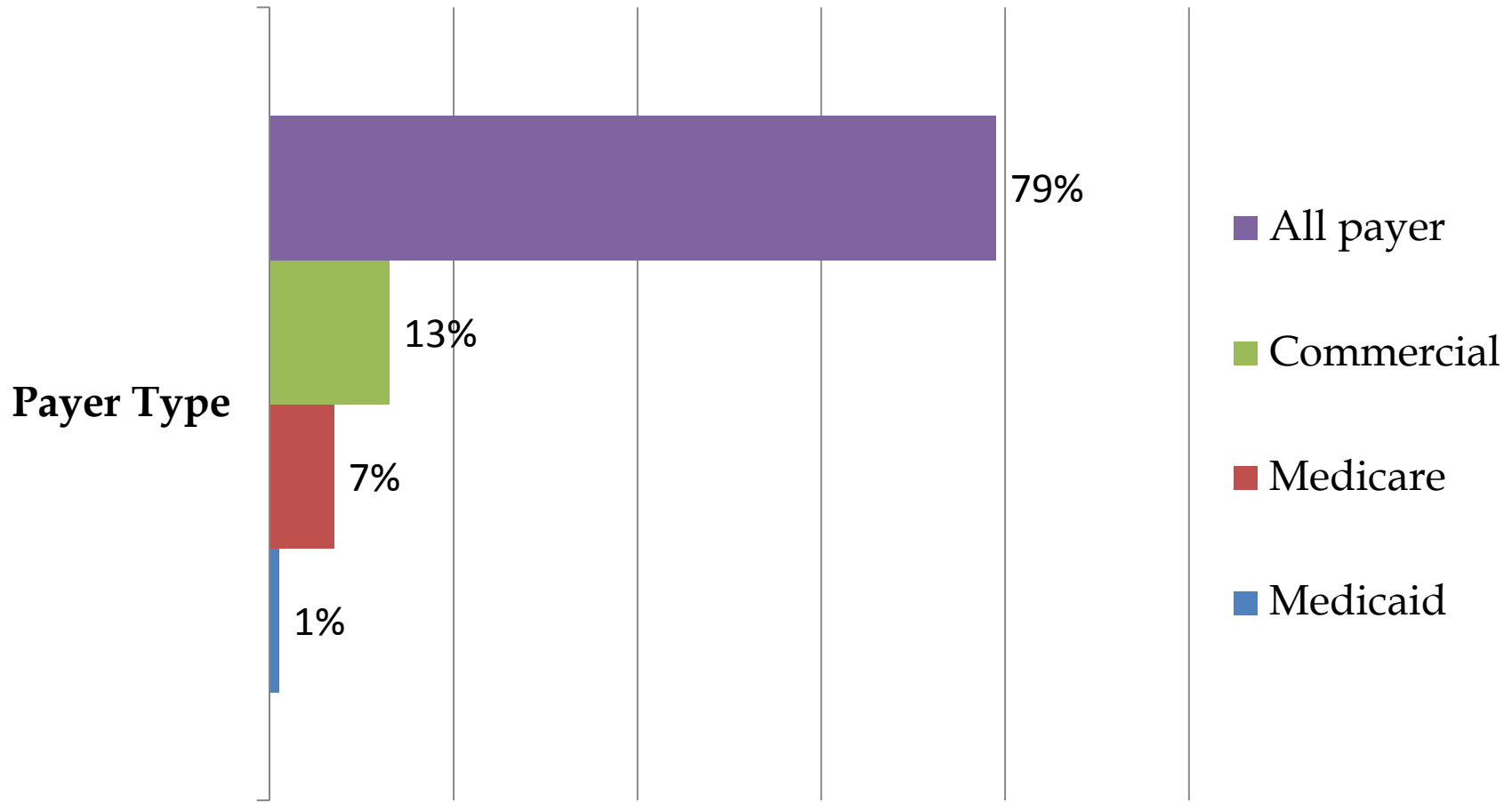| Setting	Percentage
Hospital Inpatient	60%
Clinician Office	25%
PAC/SNF/NF	9%
Hospital Outpatient	3%
Home Health	1%
Other Setting	1%
Hospice	1%
Hospital Outpatient Imaging	1%
Hospital Outpatient Surgery	1%
PAC/Rehabilitation	0.1%
Hospital Outpatient Ed	0.1%
ESRD	0.1%
PAC/Other	0.1%
Hospital Outpatient Pharm	0.1%
Hospital Outpatient Lab	0.1%
Hospital Outpatient Other	0.1%
Ambulance	0%

Note: Categories are not mutually exclusive so numbers add up to more than 100%

Environmental Scan & Catalog Results

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Data Source (bar chart values, top to bottom):
- 70%
- 12%
- 9%
- 5%
- 4%
- 2%
- 1%
- 0.1%
- 0.1%
- 0.1%
- 0.1%
- 0%
- 0%

Legend (top to bottom):
- Administrative-claims
- Survey - patient
- Survey - facility
- Other data course
- Medical records - electronic
- Survey - clinician
- Registry
- Public Vital Statistics
- Medical records - paper
- Clinically enriched admin (pharmacy)
- Clinically enriched admin (lab)
- Personal health record
- Medical records - hybrid

Note: Categories are not mutually exclusive so numbers add up to more than 100%

Payer Type

- 79% — All payer
- 13% — Commercial
- 7% — Medicare
- 1% — Medicaid

Environmental Scan & Catalog Results

Purpose for Reporting

- 91% — Public reporting
- 90% — Consumer choice
- 10% — Other
- 4% — Quality improvement
- 2% — Accreditation/certification
- 0.1% — Payment incentive

Note: Categories are not mutually exclusive so numbers add up to more than 100%
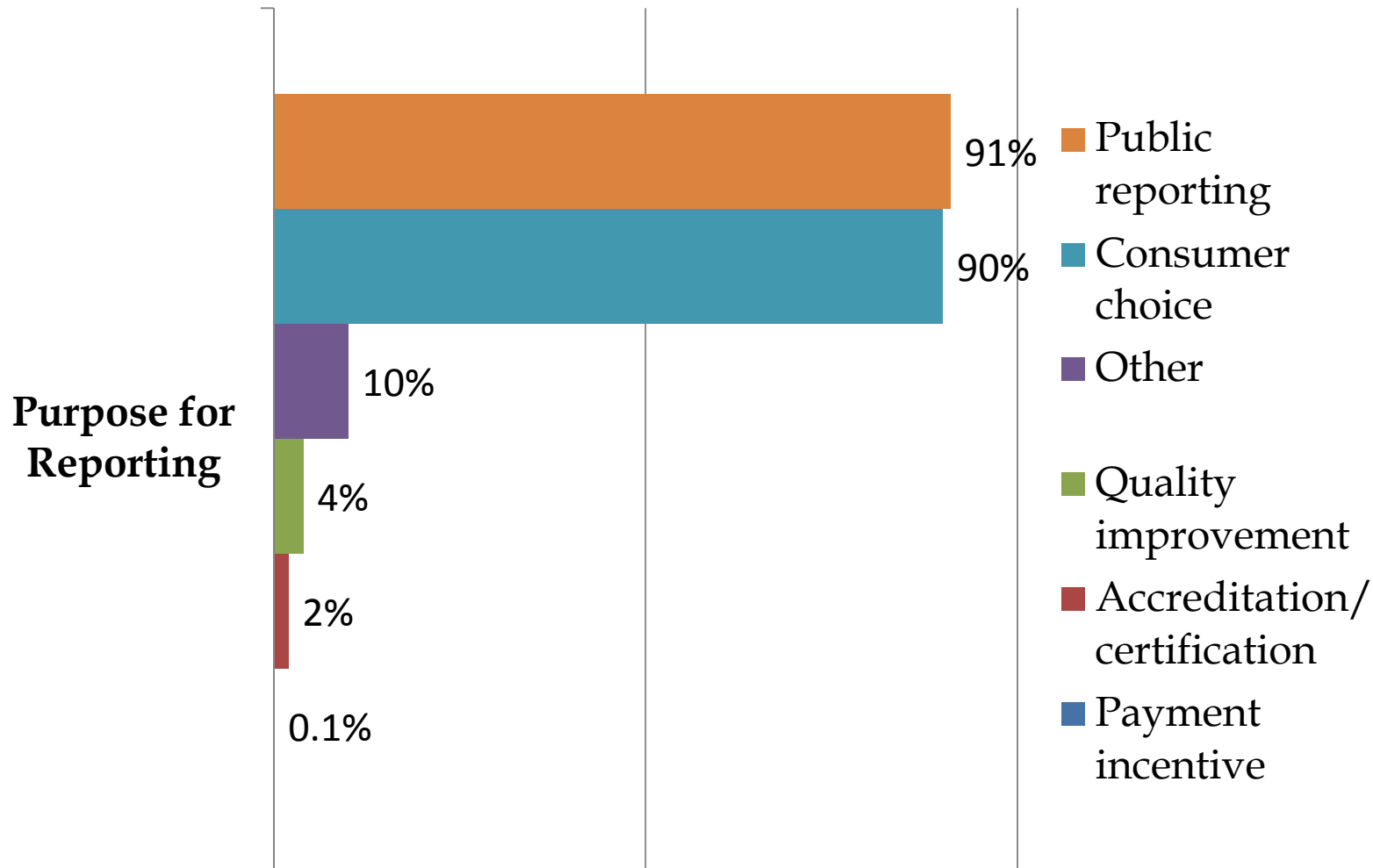
Environmental Scan & Catalog Results

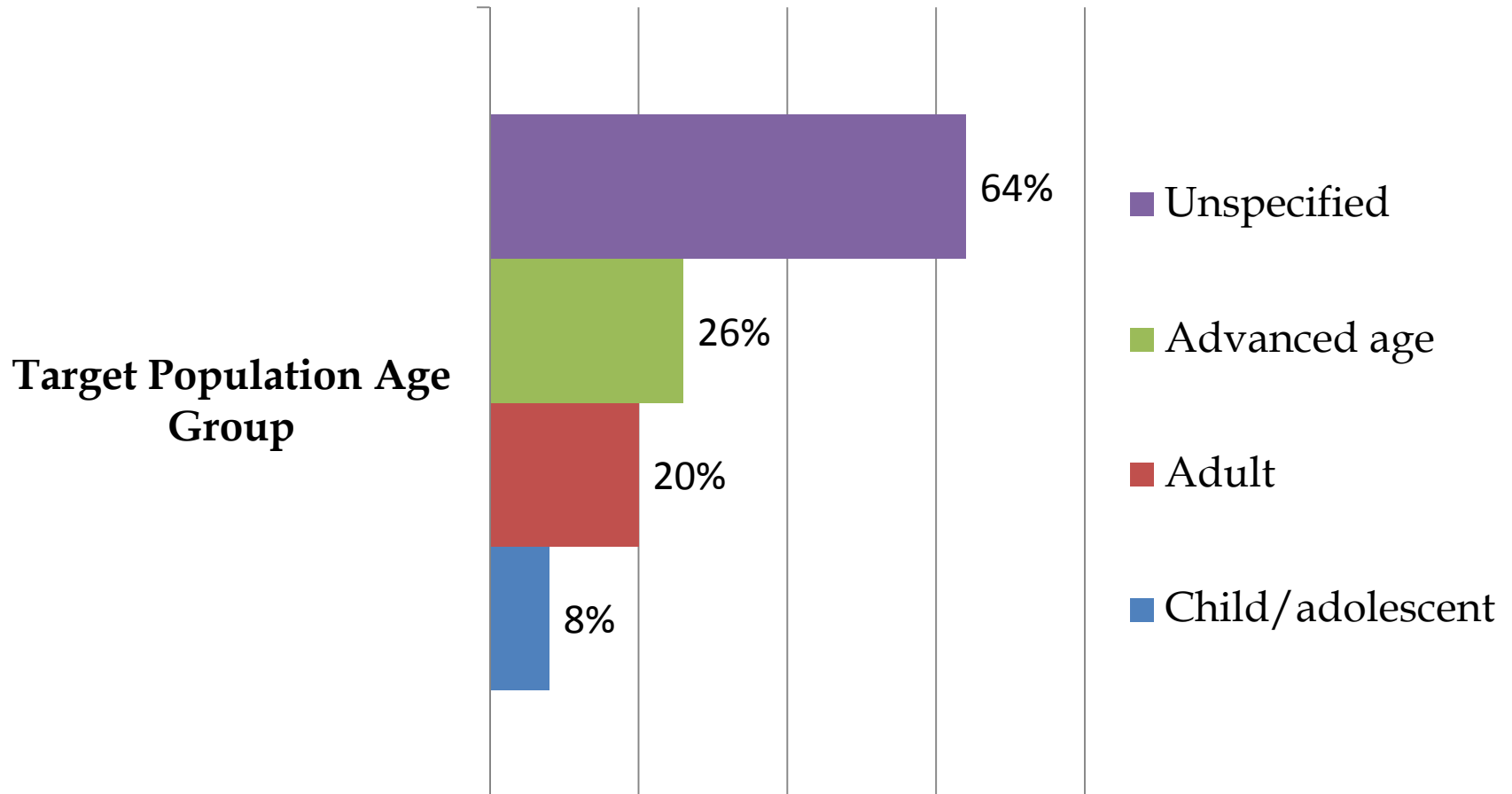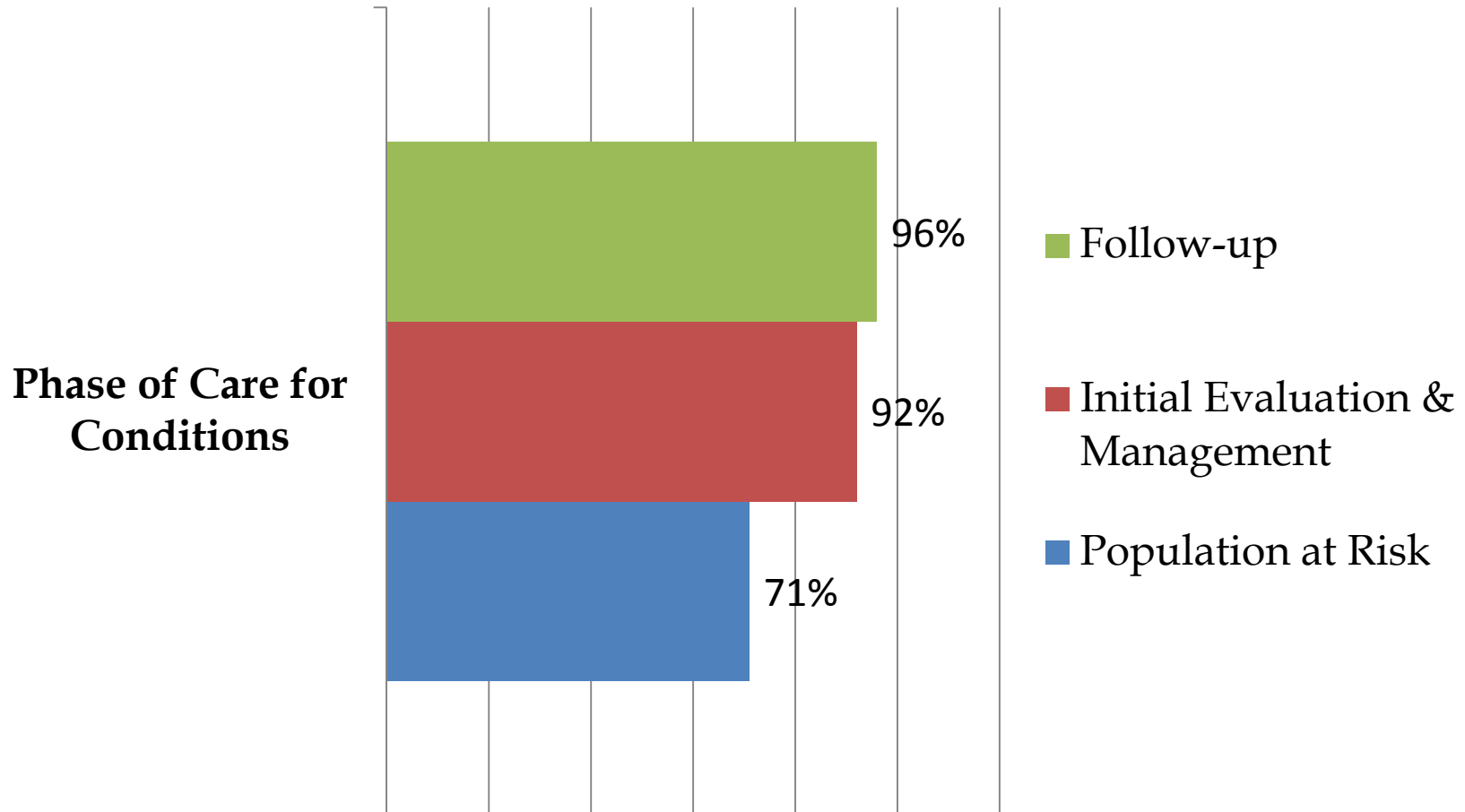**Target Population Age Group**

- 64% — ■ Unspecified
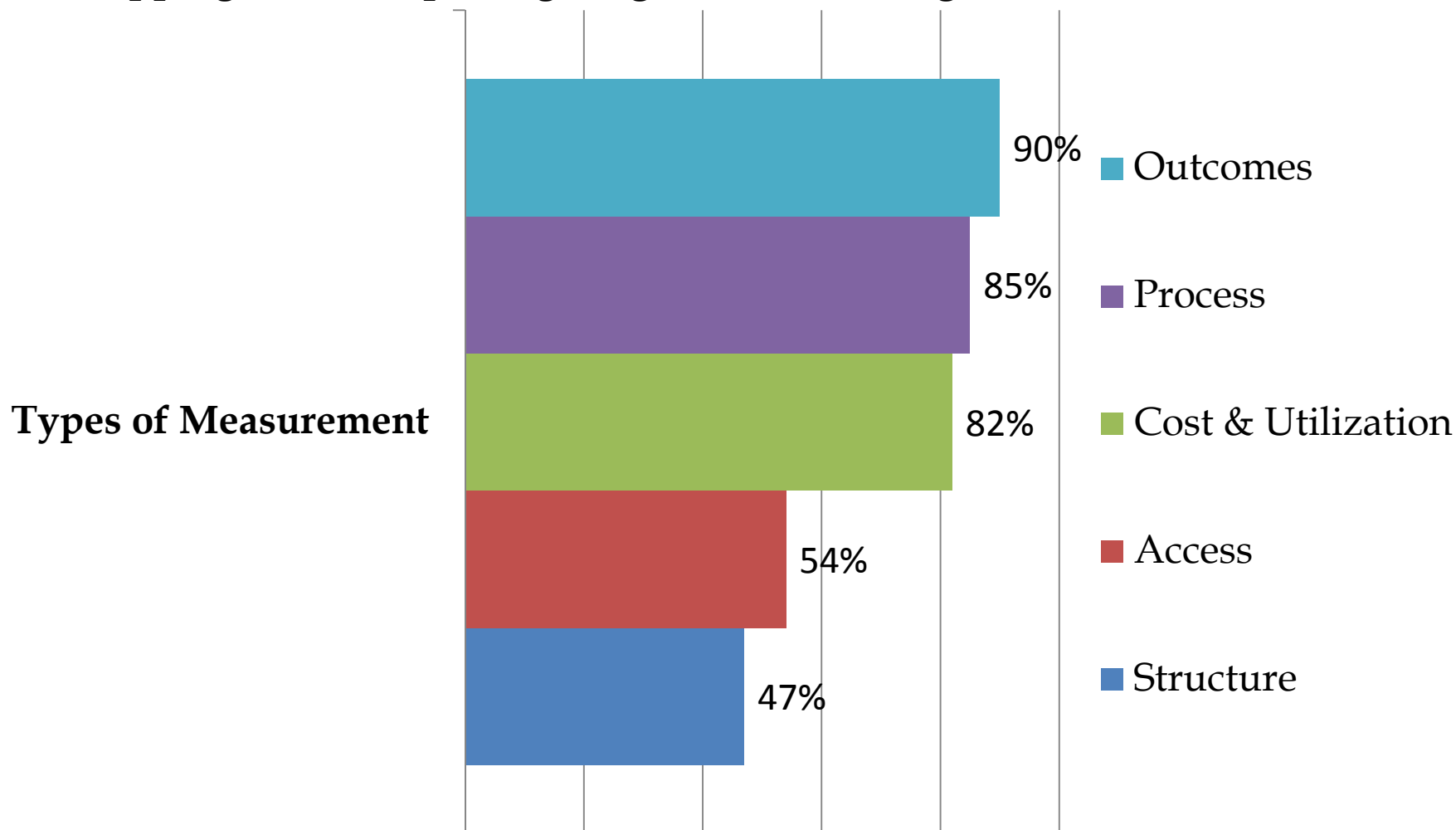- 26% — ■ Advanced age
- 20% — ■ Adult
- 8% — ■ Child/adolescent

Note: Categories are not mutually exclusive so numbers add up to more than 100%

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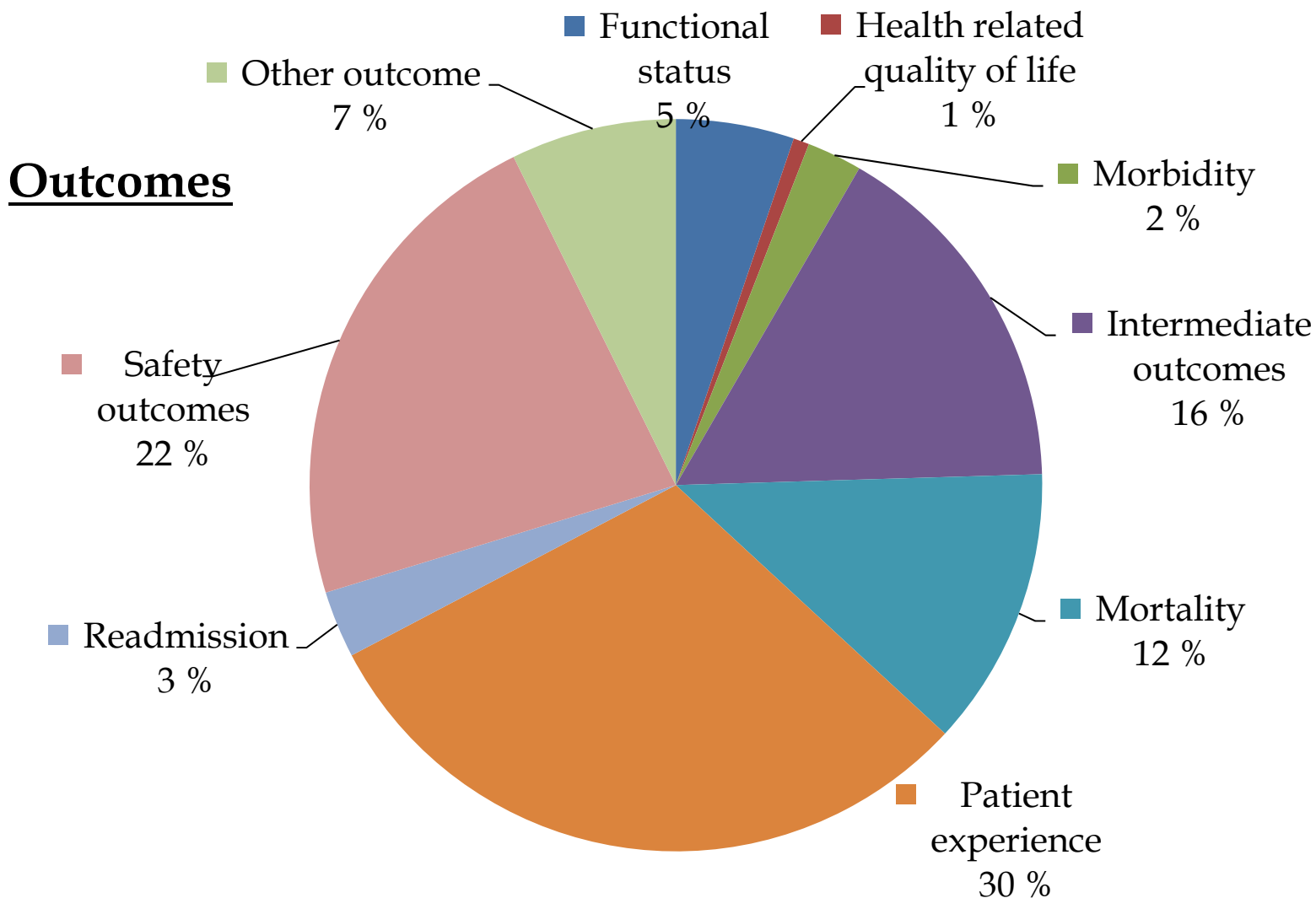## Mapping Public Reporting Programs to the Integrated Framework

Phase of Care for Conditions

- Follow-up: 96%
- Initial Evaluation & Management: 92%
- Population at Risk: 71%

Note: Categories are not mutually exclusive so numbers add up to more than 100%

Environmental Scan & Catalog Results

Mapping Public Reporting Programs to the Integrated Framework

Types of Measurement

- 90% ■ Outcomes
- 85% ■ Process
- 82% ■ Cost & Utilization
- 54% ■ Access
- 47% ■ Structure
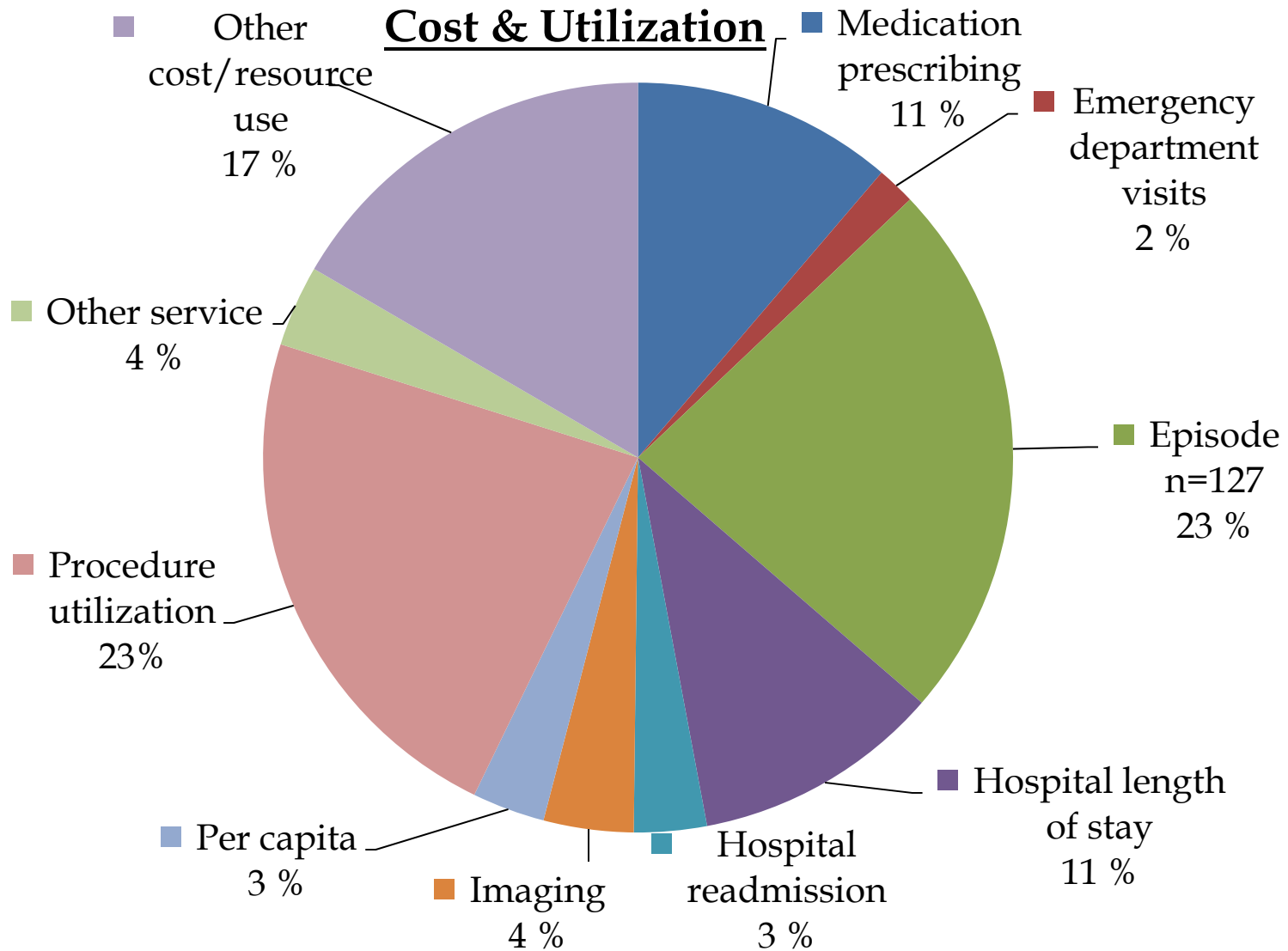
Note: Categories are not mutually exclusive so numbers add up to more than 100%

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Environmental Scan & Catalog Results

Outcomes

Pie chart: Outcomes
- Other outcome 7 %
- Functional status 5 %
- Health related quality of life 1 %
- Morbidity 2 %
- Intermediate outcomes 16 %
- Mortality 12 %
- Patient experience 30 %
- Readmission 3 %
- Safety outcomes 22 %

Process

- Other process 5 %
- Care coordination 16 %
- Safety practices 13 %
- Prevention services 18 %
- Patient & family engagement 1 %
- Healthy lifestyle behaviors 3 %
- Clinical care processes 44 %

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Cost & Utilization

- Other cost/resource use 17 %
- Medication prescribing 11 %
- Emergency department visits 2 %
- Episode n=127 23 %
- Other service 4 %
- Procedure utilization 23%
- Per capita 3 %
- Imaging 4 %
- Hospital readmission 3 %
- Hospital length of stay 11 %

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Structure

Other
27 %

Healthcare
infrastructure -
workforce
39 %

Room and bed
availability
6 %

Service
availability
15 %

Management
5 %

HIT utilization
8 %

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Environmental Scan & Catalog Results

Mapping Public Reporting Programs to the Integrated Framework

NPP Priority Area

- **Care Coordination** — 83%
- **Patient & Family Engagement** — 72%
- **Safety** — 71%
- **Population Health** — 68%
- **Overuse** — 60%
- **Palliative & End of Life Care** — 15%

Note: Categories are not mutually exclusive so numbers add up to more than 100%

Questions & Discussion?

- *Does the data resonate with your experience?*
- *Are there any findings that surprise you?*

Next Steps & Preparation for In-Person Meeting

October 12, 2010

Homework Assignment for Workshop Participants:

- Review excel sheet with background data on domains and sub-domains

- Vote for the **<u>five domain areas</u>** that are 'core' to a public reporting dashboard

- For those five domain areas, name **<u>three sub-domain areas</u>**

- Due October 5th!!!

For questions, contact: Christy Olenik at <u>colenik@qualityforum.org</u>

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Questions?