

# Missouri Quality Transparency Initiative Measure Update

May 2016

# MHA Board Action — Fall 2014

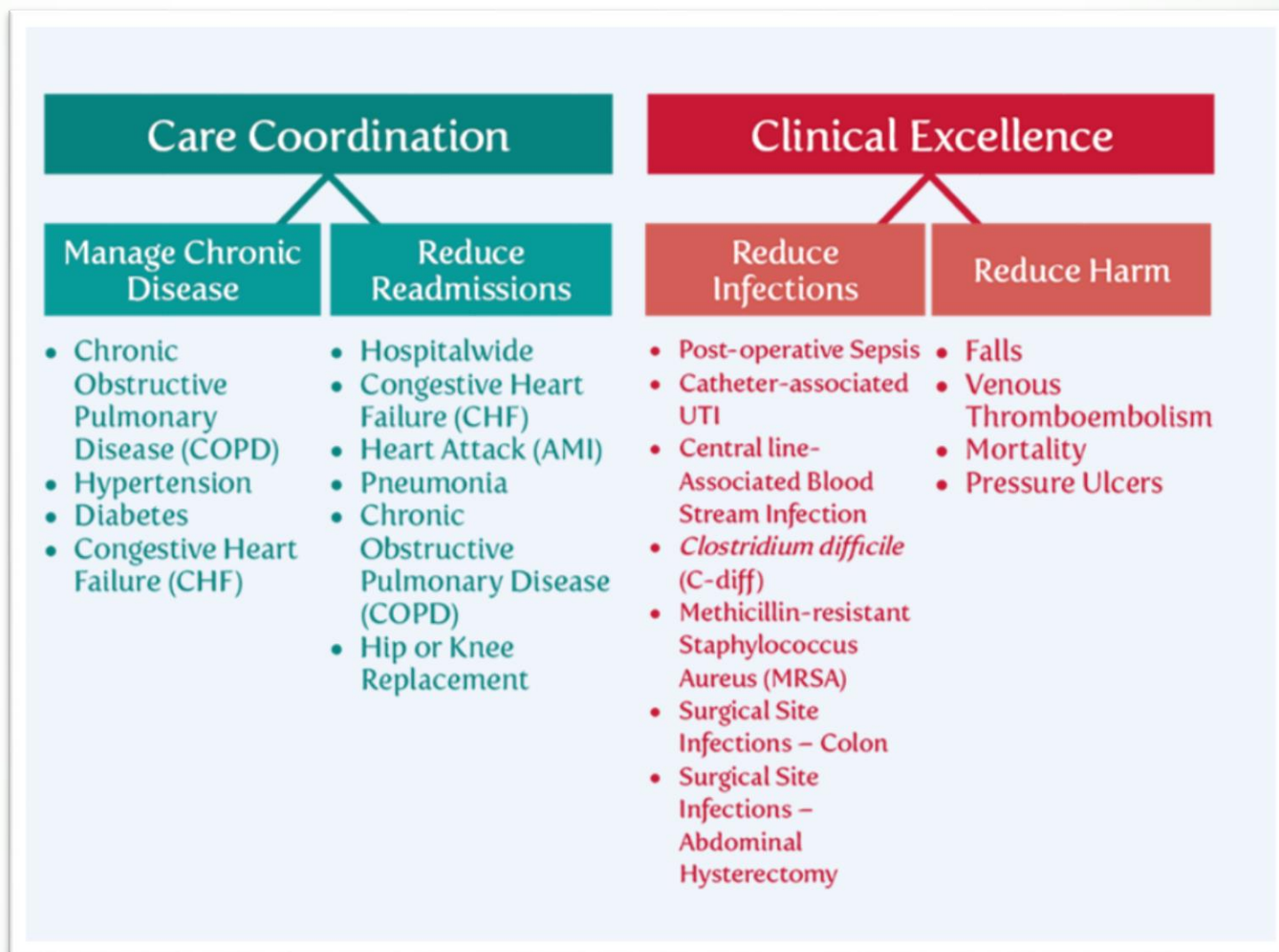
- Following recommendations from the MHA Price Transparency Work Group and the MHA Strategic Quality Advisory Committee, the MHA Board of Trustees approved a phased approach for voluntary, hospital-specific public reporting of price and quality data.
  - The public release of price and quality data was in February 2016.

# Transparency Strategy



- Strategy: Support hospitals in implementing the Triple Aim of better health, better care and lower costs
- Goals
  - Reduce variation
  - Coordinate care across the continuum of care
  - Increase transparency through non-competitive methods
  - Implement population-based health management and improvement strategies
- MHA Action
  - Focused technical and adaptive support
    - Importance – validity – accuracy – reliability – feasibility
  - Engagement
    - 5,932 sessions by 3,993 users on FOH since February 1

# Existing Quality Measures on Focus on Hospitals



# Data Update Schedule

- Data update: May/June 2016
  - Each quarterly data update will include a two-week preview period.
    - Focus on Hospitals test site
    - HIDI Analytic Advantage<sup>®</sup> Quality and Price Transparency Dashboard



# Hospital Next Steps

- Set goals, specific to the transparency measures, to focus improvement efforts
- Participate in education, resources and technical support related to measures



# NHSN Data for Infections

# Quality Measure Review

- Annually, SQI staff review the complete set of quality transparency measures for applicability and alignment.
  - Measures were established in February 2015





# Data Source Change

- Per member request, NHSN-abstracted data will be the data source for six of the seven infection outcome measures.
  - Reduces redundancy
  - Aligns with national and hospital-specific initiatives
  - Allows validation before submission



Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives, Protecting People™

# National Healthcare Safety Network

- CDC's National Healthcare Safety Network is the nation's most widely used healthcare-associated infection tracking system.
  - NHSN serves over 17,000 medical facilities tracking HAIs. Participants include acute care, long-term acute care, psychiatric and rehabilitation hospitals; outpatient dialysis centers; ambulatory surgery centers; nursing homes; and dialysis facilities.

# Retired Measure Sources

Measure	Data Steward
CAUTI	CMS HAC
CLABSI	AHRQ PSI
MRSA	HIDI custom measure
C Difficile	HIDI custom measure
SSI – Colon Surgery	HIDI custom measure
SSI – Abdominal Hysterectomy	HIDI custom measure

# NHSN Infection Measures

Measure Name	Numerator	Denominator	Equation	Steward
<b>CAUTI</b>				
Catheter-Associated Urinary Tract (CAUTI) Standardized Infection Ratio (SIR) - ICUs + Other Inpatient Units	Number of observed infections	Number of predicted infections	(N/D)*1	CDC NHSN
<b>CLABSI</b>				
Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratio (SIR) - ICUs + Other Inpatient Units	Number of observed infections	Number of predicted infections	(N/D)*1	CDC NHSN
<b>SSI</b>				
Surgical Site Infection (SSI) Standardized Infection Ratio - Colon Surgeries	Number of observed infections	Number of predicted infections	(N/D)*1	CDC NHSN
Surgical Site Infection (SSI) Standardized Infection Ratio - Abdominal Hysterectomies	Number of observed infections	Number of predicted infections	(N/D)*1	CDC NHSN
<b>C-Diff</b>				
Facility-wide C. difficile Rate	Total number of observed hospital-onset C. difficile lab identified events among all inpatients in the facility, excluding well-baby	Patient days (facility-wide)	(N/D)*1000	CDC NHSN
<b>MRSA</b>				
Facility-wide MRSA Rate	Total number of observed hospital-onset MRSA lab identified events among all inpatients in the facility, excluding well-baby nurseries and NICUs	Patient days (facility-wide)	(N/D)*1000	CDC NHSN

# Member Action: Join Group in NHSN

**\*HIDI ID: 37297**  
**\*Password: MHA37297**



# NHSN Conferral of Rights

- As of May 20, over 60 percent of participating hospitals have conferred rights to HIDI.
  - Critical access hospitals are not required to report these measures — some are opting out.
- If a hospital does not confer rights, their infection measures on Focus on Hospitals will indicate, **“data submission not required.”**

# Transition to ICD-10



# ICD-10 Changes to Measures

- In order to provide continued support for affected measures, HIDI used the GEM ICD-10 to ICD-9 crosswalk provided by CMS to “backmap” ICD-10 coded discharges to comparable ICD-9 codes to enable use of available software to produce *risk-adjusted rates*.
  - Updating quality reports on HIDI Analytic Advantage Plus®



# ICD-10 Changes to Readmission Measures

- Selection criteria for condition-specific cohorts will be based on submitted ICD-10 codes that are then backmapped to ICD-9 codes.
- Condition codes used for risk-adjustment purposes will be based on all submitted ICD-10 codes “backmapped” to comparable ICD-9 codes.
  - Updating quality reports on HIDI Analytic Advantage Plus®

## Reduce Readmissions

- Hospitalwide
- Congestive Heart Failure (CHF)
- Heart Attack (AMI)
- Pneumonia
- Chronic Obstructive Pulmonary Disease (COPD)
- Hip or Knee Replacement

# ICD-10 Changes to AHRQ Indicators

- Condition codes used to produce risk-adjusted calculations will be based on ICD-10 codes backmapped to comparable ICD-9 codes using the GEM crosswalk.
  - Updating quality reports on HIDI Analytic Advantage Plus<sup>®</sup>

Reduce Infections	Reduce Harm
<ul style="list-style-type: none"> <li>• Post-operative Sepsis</li> <li>• <del>Catheter-associated UTI</del></li> <li>• <del>Central line-Associated Blood</del></li> </ul>	<ul style="list-style-type: none"> <li>• <del>Falls</del></li> <li>• Venous Thromboembolism</li> <li>• Mortality</li> <li>• Pressure Ulcers</li> </ul>



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# ICD-10 Changes to CMS HAC

- Measures were programmed, not GEM coded.
  - Updating quality reports on HIDI Analytic Advantage Plus®



# GEM Code Evaluation

- No large systematic differences or variables
  - Statewide analysis
  - Hospital-specific analysis
  - County analysis (Readmissions)

# GEM ICD-10 to ICD-9 Coding

Pros	Cons
No delay in data reporting; maintain original schedule	Methodology has not been nationally tested and approved, leading to possible methodology questioning
Innovative data solution	
Internal testing at state, county and hospital levels have not shown large variances	
Data would be reflective in HIDI Analytic Advantage <sup>®</sup> quality reports	

## Focus on Hospitals will state:

“Measures for the time period Oct. – Dec. 2015, display rates using provisional methodology. This methodology has been tested at the state level, however, has not been nationally tested or approved.”

# Contact Information

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