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
  ➢ Engagement
    – 5,932 sessions by 3,993 uses on FOH since February 1
Existing Quality Measures on Focus on Hospitals

**Care Coordination**
- Manage Chronic Disease
  - Chronic Obstructive Pulmonary Disease (COPD)
  - Hypertension
  - Diabetes
  - Congestive Heart Failure (CHF)
- Reduce Admissions
  - Hospitalwide
  - Congestive Heart Failure (CHF)
  - Heart Attack (AMI)
  - Pneumonia
  - Chronic Obstructive Pulmonary Disease (COPD)
  - Hip or Knee Replacement

**Clinical Excellence**
- Reduce Infections
  - Post-operative Sepsis
  - Catheter-associated UTI
  - Central line-associated Blood Stream Infection
  - *Clostridium difficile* (C-diff)
  - Methicillin-resistant Staphylococcus Aureus (MRSA)
  - Surgical Site Infections – Colon
  - Surgical Site Infections – Abdominal Hysterectomy
- Reduce Harm
  - Falls
  - Venous Thromboembolism
  - Mortality
  - Pressure Ulcers
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® 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
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.

Source: http://www.cdc.gov/nhsn/about-nhsn/index.html
# Retired Measure Sources

<table>
<thead>
<tr>
<th>Measure</th>
<th>Data Steward</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAUTI</td>
<td>CMS HAC</td>
</tr>
<tr>
<td>CLABSI</td>
<td>AHRQ PSI</td>
</tr>
<tr>
<td>MRSA</td>
<td>HIDI custom measure</td>
</tr>
<tr>
<td>C Difficile</td>
<td>HIDI custom measure</td>
</tr>
<tr>
<td>SSI – Colon Surgery</td>
<td>HIDI custom measure</td>
</tr>
<tr>
<td>SSI – Abdominal Hysterectomy</td>
<td>HIDI custom measure</td>
</tr>
</tbody>
</table>
# NHSN Infection Measures

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

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

**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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