

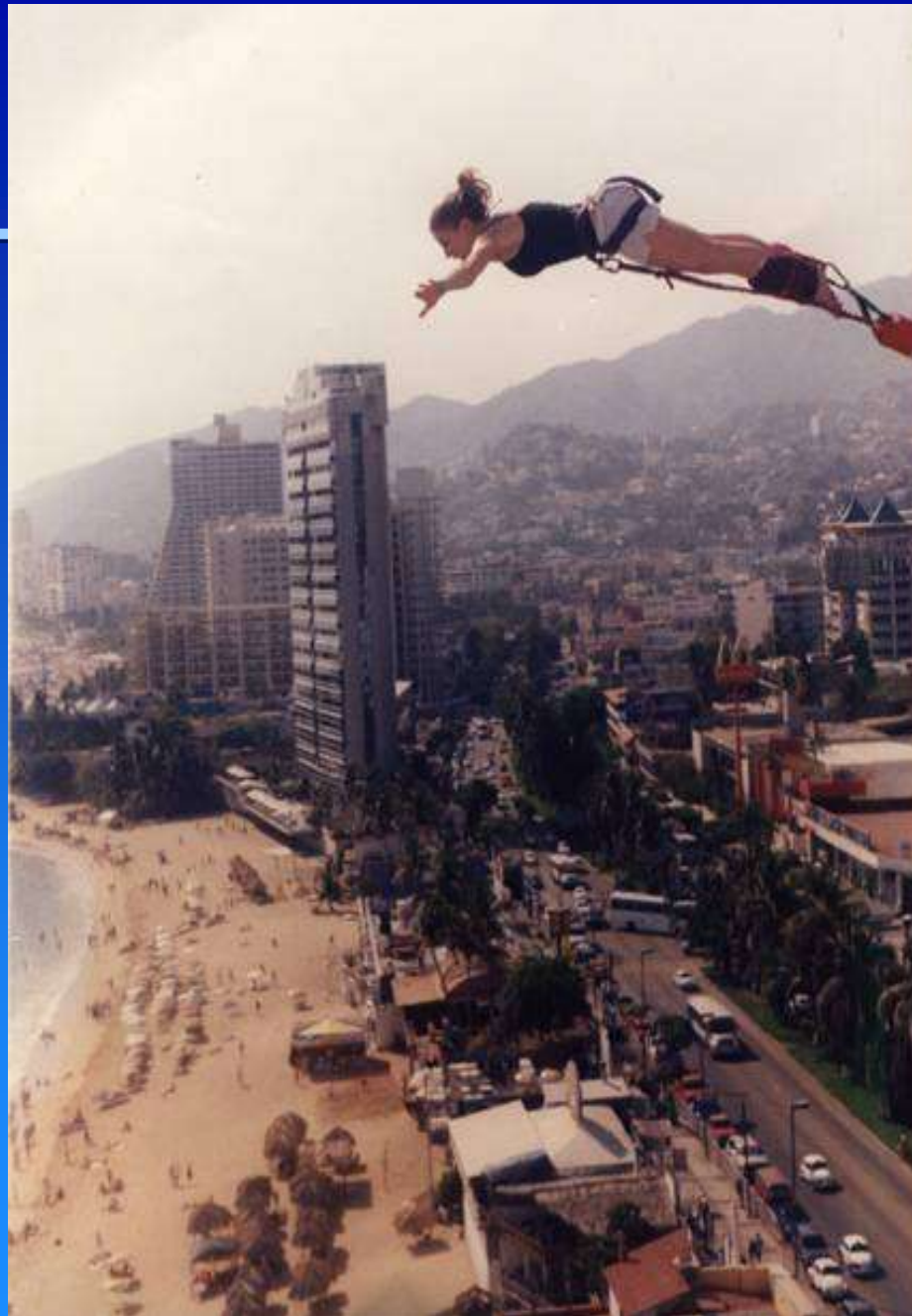


AHRQ Quality Indicators

Irene Fraser, Ph.D.

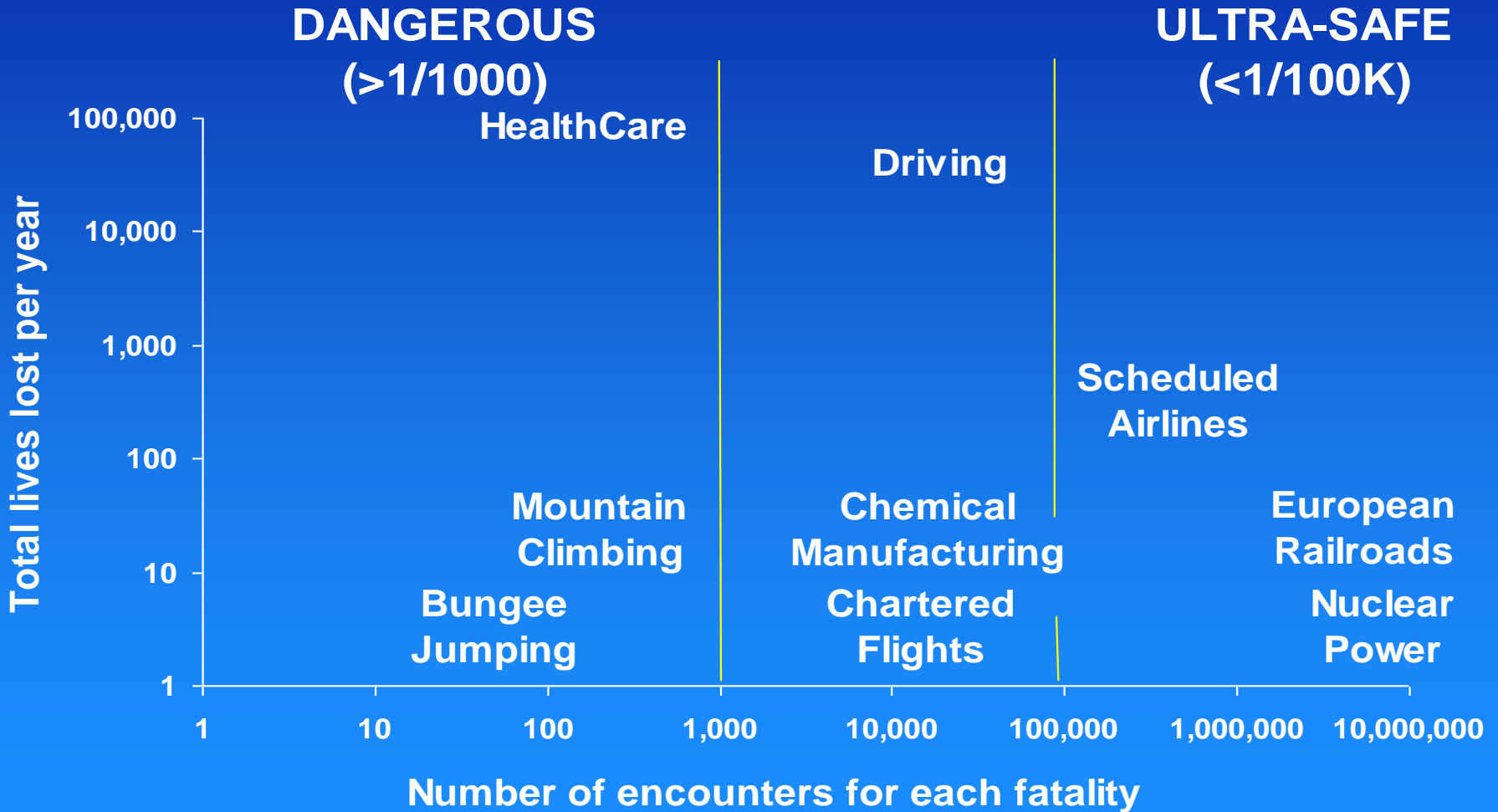
Director, Center for Delivery, Org. and Markets

September 26, 2005



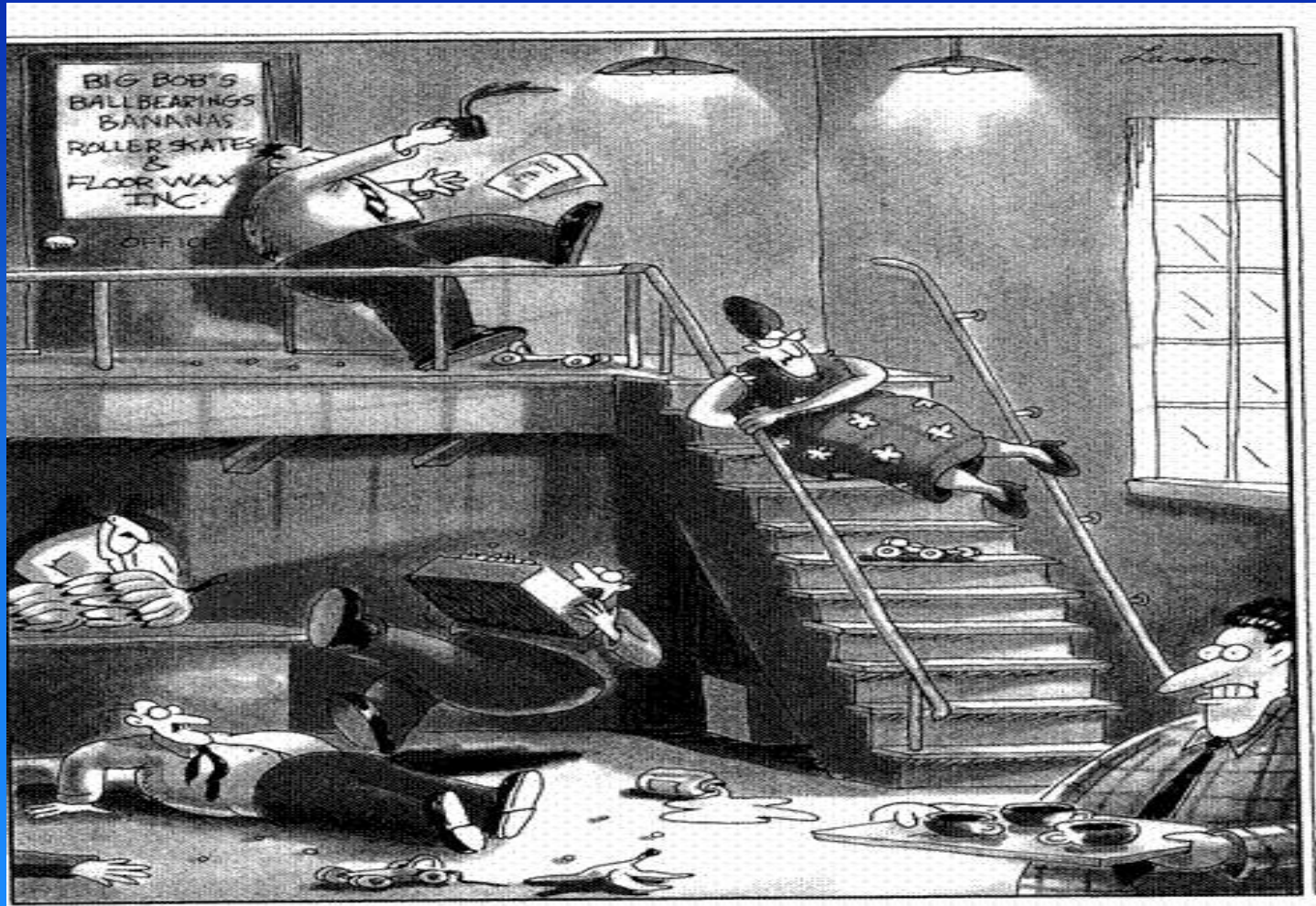


How Hazardous Is Health Care?



Source: Berwick, D.M.

Systems Often Fail...





The Goal: System Improvement

Incent

Through aligned payment, public reporting, etc.



Inform

by evidence and models of successful design strategies



System Design for Quality & Value

(microsystems & macrosystems)



Measure and Document Results

- Quality
- Patient Safety
- Efficiency
- Access
- ROI



Facilitate

by improved
HIT

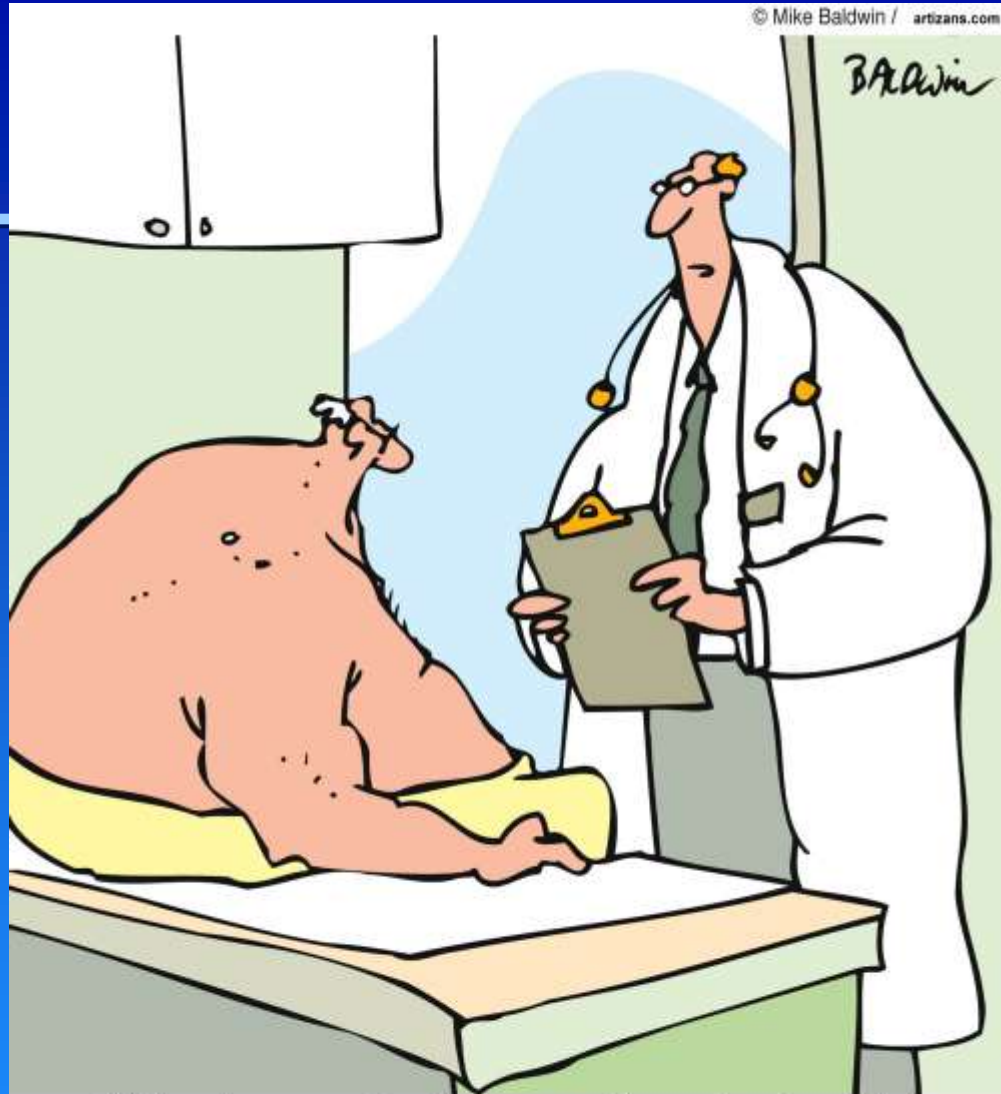


Measurement Challenges (1): Measure All Dimensions

	Effectiveness	Safety	Timeliness	Patient Centeredness
Staying Healthy				
Getting Better				
Living with Illness/disability				
End of Life Care				

Source: Institute of Medicine. *Envisioning the National Health Care Quality Report*. 2001.

BALDWIN



“You’ve got six months, but with aggressive treatment we can help make that seem much longer.”



Measurement Challenges (2): Align Measures

Horizontally, within efforts for

- National tracking
 - NHQR and NHDR
- Public reporting
 - Hospital Quality Alliance
 - Ambulatory Quality Alliance
 - National Quality Forum
- Pay-for-performance
- Quality improvement

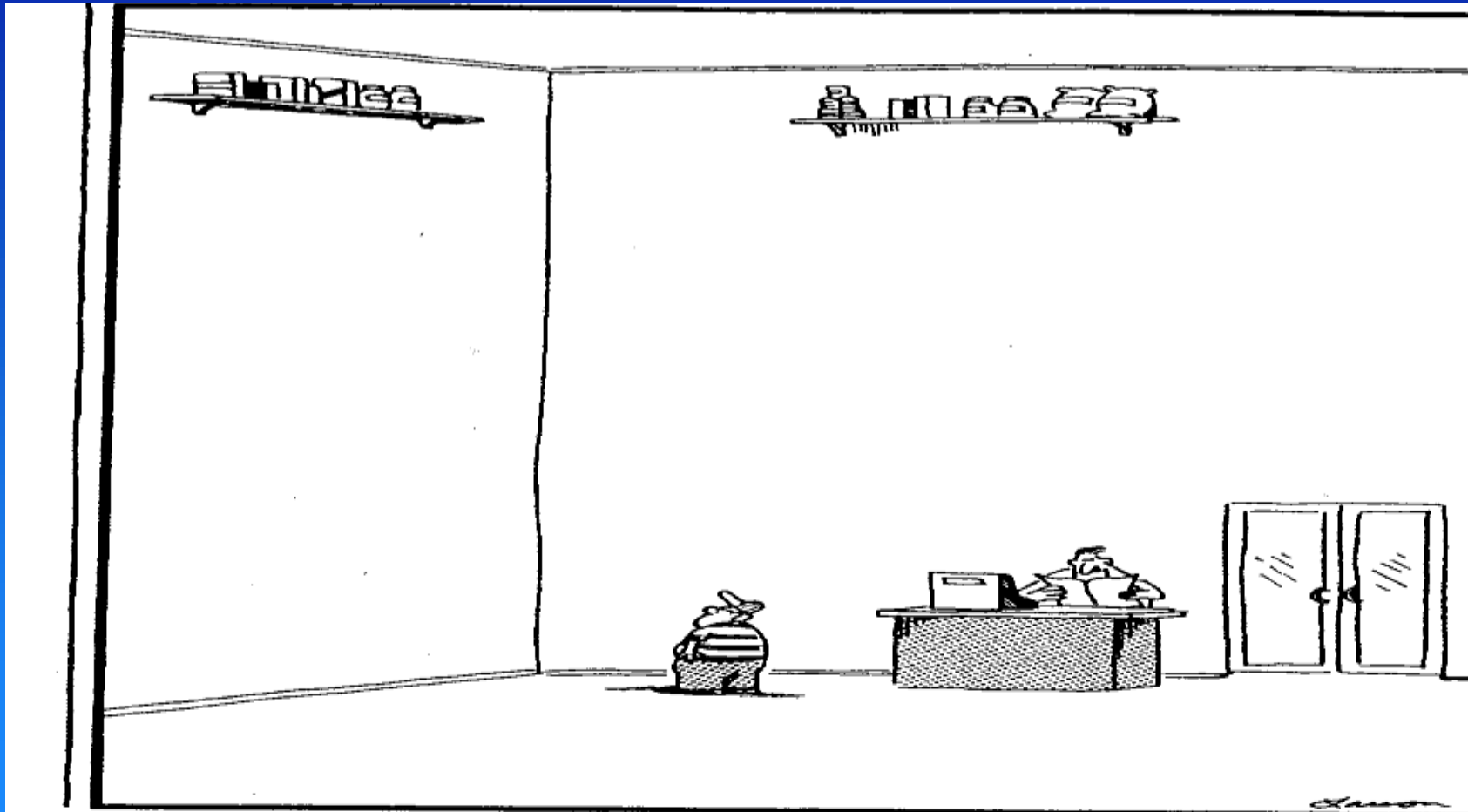
Vertically, so these efforts are nested



Measurement Challenges (3): Data, Data, Data

- Measures and data can improve with use – “good” measures and data can get better (though not perfect)
 - **BUT** – Even good measures with bad data can create mischief
- Need local data, but national benchmarks
- There is no gold standard
 - Clinical, administrative, patient experience of care data all have strengths, weaknesses
 - EHR no data panacea

Measurement Challenges (4): Need Usable Products and Strategies for Use



Inconvenience stores



AHRQ Measurement Initiatives

- National tracking and benchmarks
 - National Healthcare Quality/ Disparities Reports
- Measuring local experience of care
 - CAHPS for plans, hospitals, nursing homes etc.
- Measuring culture of safety
- Physician Measures – Ambulatory Quality Alliance
- Measuring hospital quality and safety
 - Inpatient Quality Indicators, Patient Safety Indicators, Healthcare Cost and Util. Project
- Measuring potentially avoidable admissions
 - Prevention Quality Indicators

Vision for Quality Indicators Initiative



1. Develop, maintain, evolve measures
2. Strengthen administrative data at federal, state, local levels
3. Create tools to facilitate use
4. Bring change through strategies and partnerships



Current AHRQ Quality Indicators

- Prevention Quality Indicators
- Inpatient Quality Indicators
- Patient Safety Indicators
- Ambulatory care sensitive conditions
- Mortality following procedures
- Mortality for medical conditions
- Utilization of procedures
- Volume of procedures
- Post-operative complications
- Iatrogenic conditions

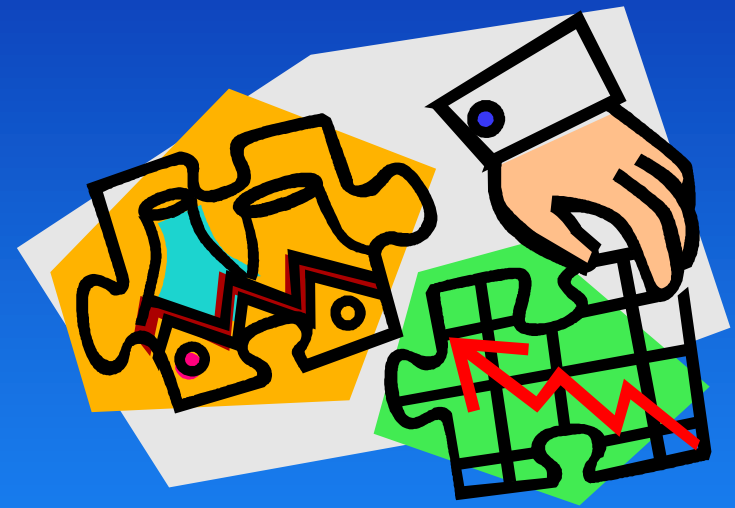


For Discussion: Other Potential Quality Indicators ?

- Pediatric Measures – under way
- Women's Health Measures?
- Readmissions?
- Emergency Department Quality?
- Others

On the Horizon: Evidence Review of Efficiency Measures

- New Initiative: Identify, Categorize, and Evaluate Health Care Efficiency Measures
 - Conduct thorough literature review
 - Create typology for measures
 - Develop evaluation criteria for measures
 - Timeline: 1 year

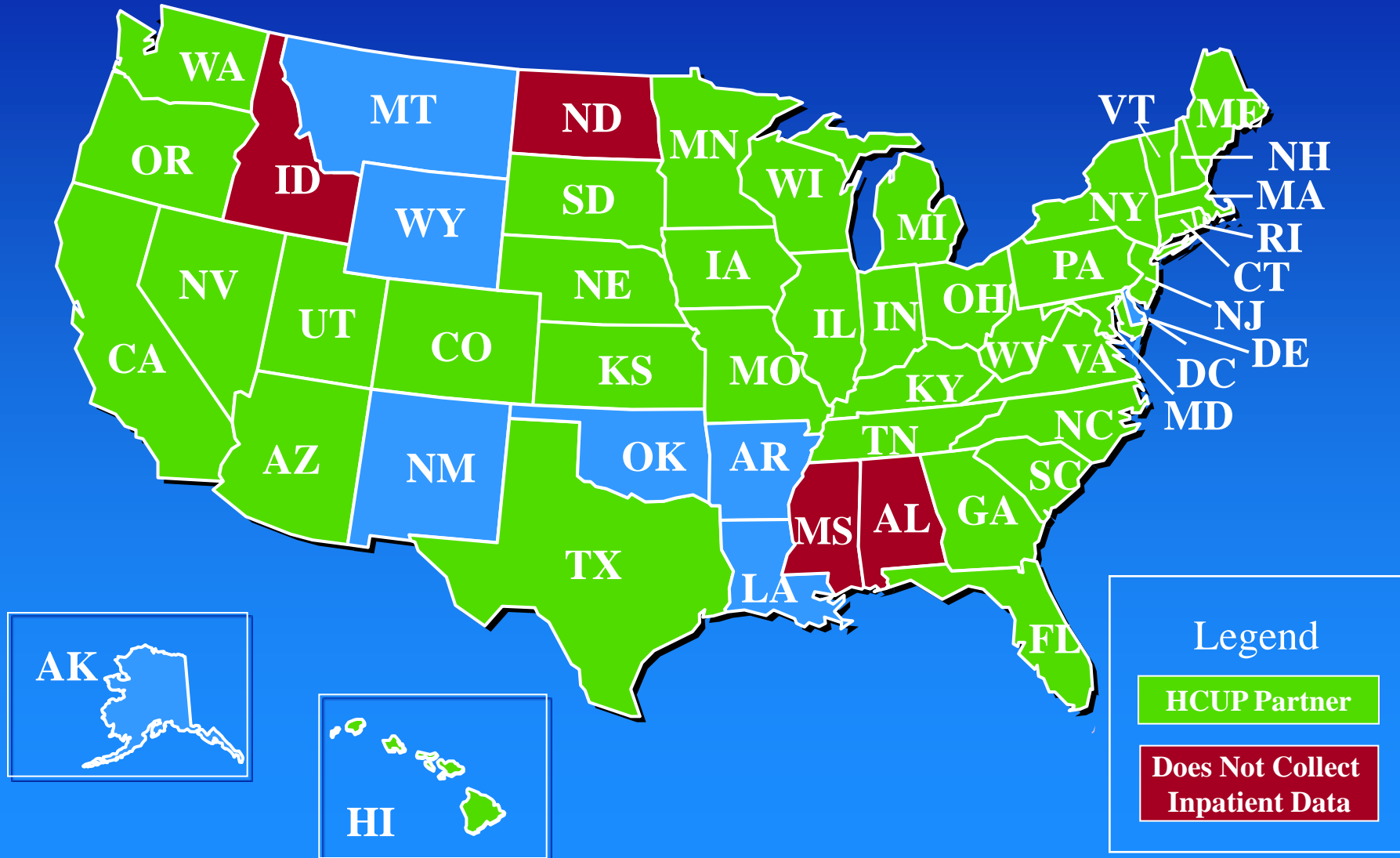




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Data: Most States Have Inpatient Datasets, Are HCUP Partners





Enhancing Administrative Data: Adding More Clinical Data Elements

HCUP

- Universe of hospital care in a state
- Hospital characteristics
- Link to contextual factors

- Data
- Clinical data elements

EHR

- Patient episode of care
- Real time
- Additional clinical data elements

- Add clinical data elements
- Provide timely benchmarks
- Connect Partners with EHR community



Vision for Quality Indicators Initiative

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Uses of AHRQ Quality Indicators: Original Goal

- Create indicators at all levels: national, state, community and hospital for use in
 - National tracking – AHRQ and NHQR
 - Quality and safety improvement – hospital associations in many states
 - Identifying areas of preventable hospitalizations – many regional efforts

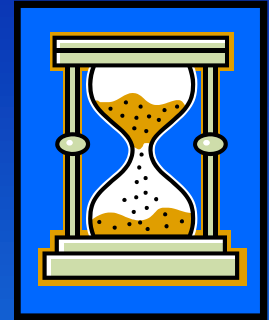


Example: Targeting Interventions for Potentially Preventable Admissions

- National Cost: \$29 billion
- Diabetes: \$2.5 billion
 - Short-term complications
 - Long-term complications
 - Uncontrolled diabetes

Changing Times Brought Expanded Uses

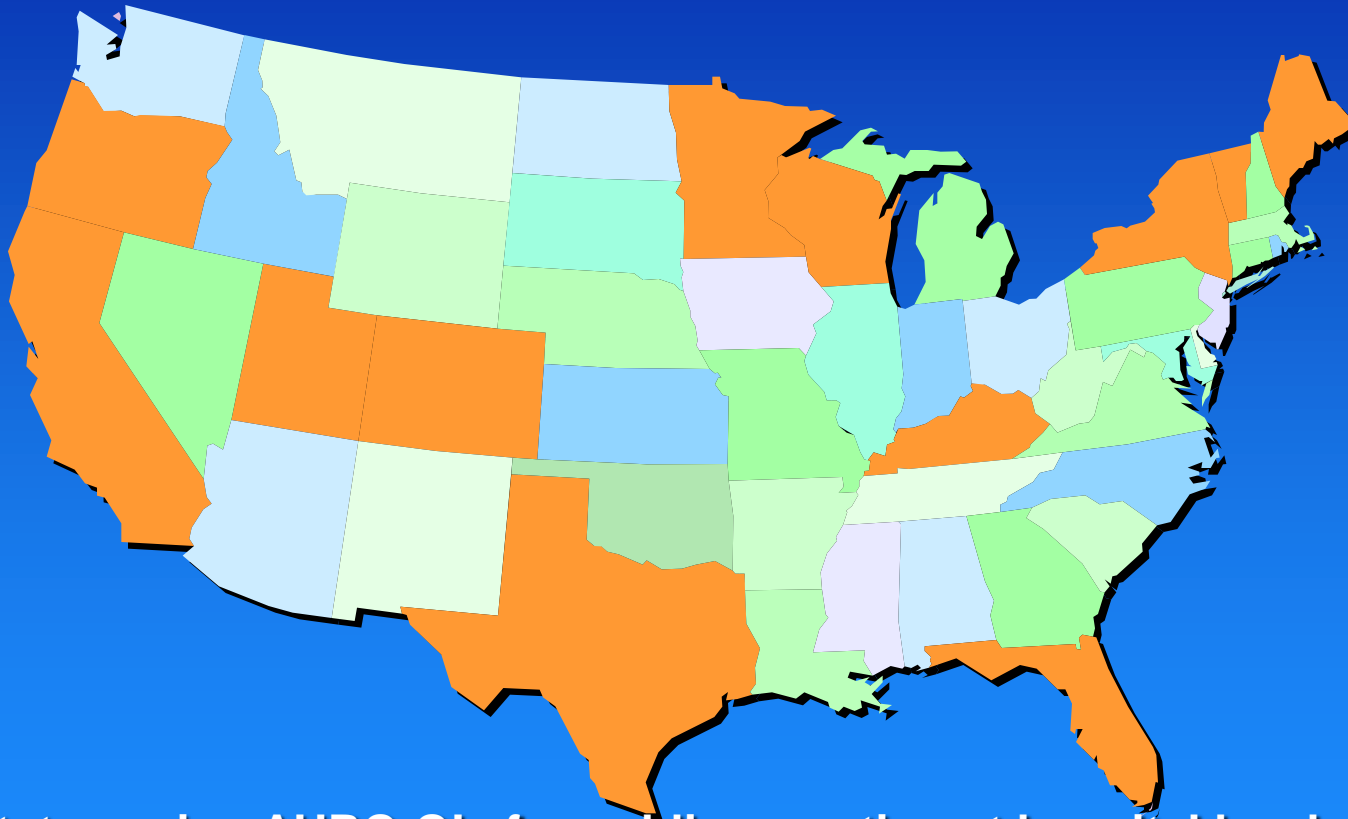
*QIs have demonstrated big impact
in short timeframe:*



- Hospital-level report cards
 - Texas, New York State, Colorado
- Pay-for-Performance
 - CMS Premier Demo, Anthem of Virginia
- Hospital profiling
 - Blue Cross Blue Shield of Illinois



At Least 12 States Use or Plan to Use AHRQ QIs for Public Hospital Reporting



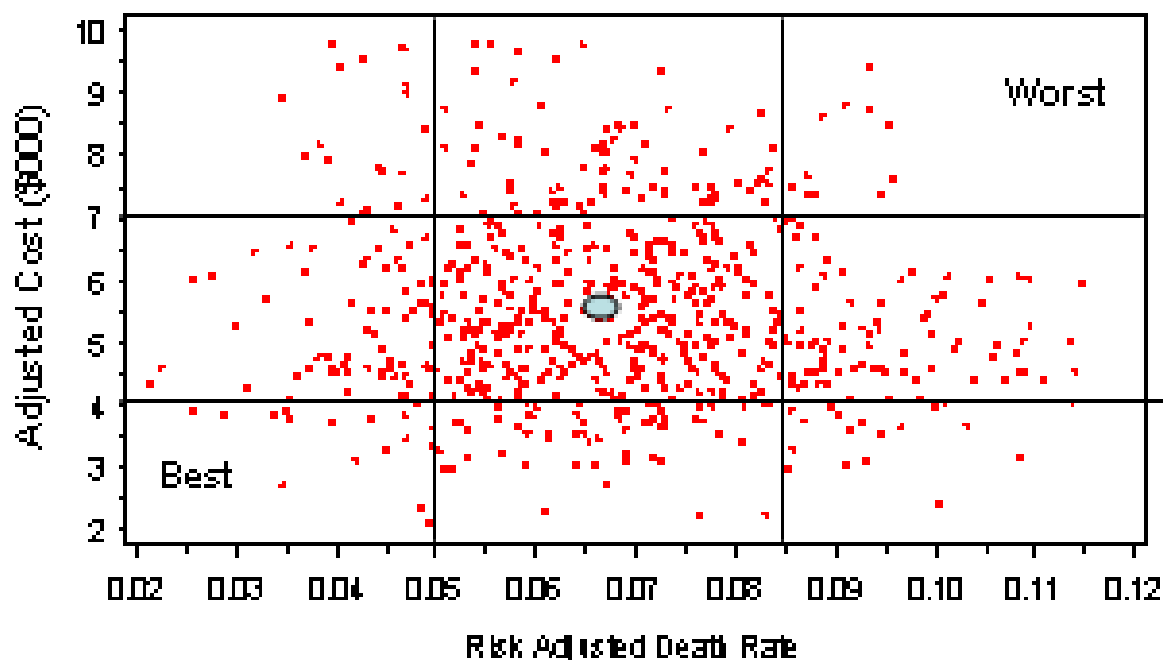
States using AHRQ QIs for public reporting at hospital level
(CA, CO, FL, KY, ME, MN, NY, OR, TX, UT, VT, parts of WI)

Source: Preliminary Data from NAHDO Survey, September 2005

QI Analyses Show Big Variations in Cost AND Quality

Standardized Cost vs. Risk-adjusted mortality

(lines drawn 1 standard deviation away from mean point)





The on-line query system to analyze health statistics and information on hospital stays at the national, regional, and state level.

- Skip Navigation
- HCUPnet Home
 - HELP
 - Medical dictionary
 - What is HCUP ?



If you are interested in your feedback, please contact us at ahrq@ahrq.gov.



HCUPnet is based on aggregate statistics tables to speed up data transfer and protect individual records, so that all possible queries can be addressed. If a query is not possible, HCUPnet will not show you to choose certain parameters. If there is a query you'd like to see that HCUPnet does not support, please write us at ahrq@ahrq.gov.



Welcome to HCUPnet.

Click the buttons to make a selection. Click the hyperlinks for information and definitions.

National Statistics

National and regional estimates on hospital use for all patients from the HCUP [Nationwide Inpatient Sample \(NIS\)](#).

For Children Only

National estimates on use of hospitals by children (age 0-17 years) from the HCUP [Kids' Inpatient Database \(KID\)](#).

State Statistics

Information on stays in hospitals for participating states from the HCUP [State Inpatient Databases \(SID\)](#).

Quick National Statistics

Ready-to-use tables on commonly requested information from the HCUP [Nationwide Inpatient Sample \(NIS\)](#).

AHRQ Quality Indicators

National information on measures of health care quality based on the NIS, using the AHRQ [Quality Indicators \(QIs\)](#)

[>> Next >>](#)

The statistics in HCUPnet would not be possible without statewide data collection projects that provide data to HCUP.

What's New

- More user-friendly interface, more definitions, more background information.
- Separate query paths for lay users and for researchers.
- A navigation bar that allows you to backtrack to any point in your query.
- Improved export and printing features.
- New cost information for national hospital stays for 2000.
- Standard errors for national estimates with module for significance testing.
- Completely sortable Quick Tables.
- De-duplicated all-listed diagnoses and procedures counts discharges rather than diagnoses and procedures.



AHRQ

Reporting Template Project

- Lit review of effective templates for comparative quality info
- Conduct interviews and focus groups w/ key audiences, including:
 - Purchasers
 - Providers
 - Researchers
 - Quality Measurement Organizations
 - Hospital Associations, etc.
- Based on evidence, develop and test templates



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Partnerships

- HCUP partners
 - state data organizations, hospital associations, private associations
- NAHDO
- State governments
- Other hospital associations
- Employer coalitions and employer groups
- CMS, others in DHHS
- Researchers

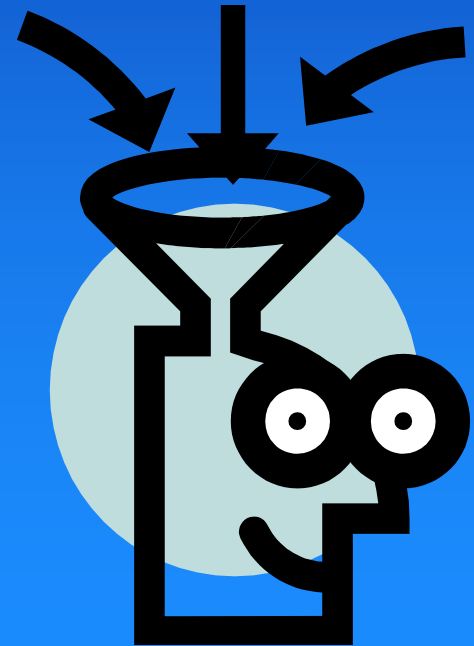


Strategies

- Partnering with users to identify and share best practices
 - Annual Quality Indicators Users Meetings
 - National, regional meetings through Knowledge Transfer Contracts on Payment, Measurement
- Technical Assistance and Training
 - SQI Contract
 - RTI Curriculum Guide
 - Patient Safety Improvement Corps
 - Training sessions at state, national meetings
 - Webcasts
- What else????

Goals for this meeting

- Help us learn from each other.
- Provide input as we refine our strategic vision so that we can deliver what's most useful to you.





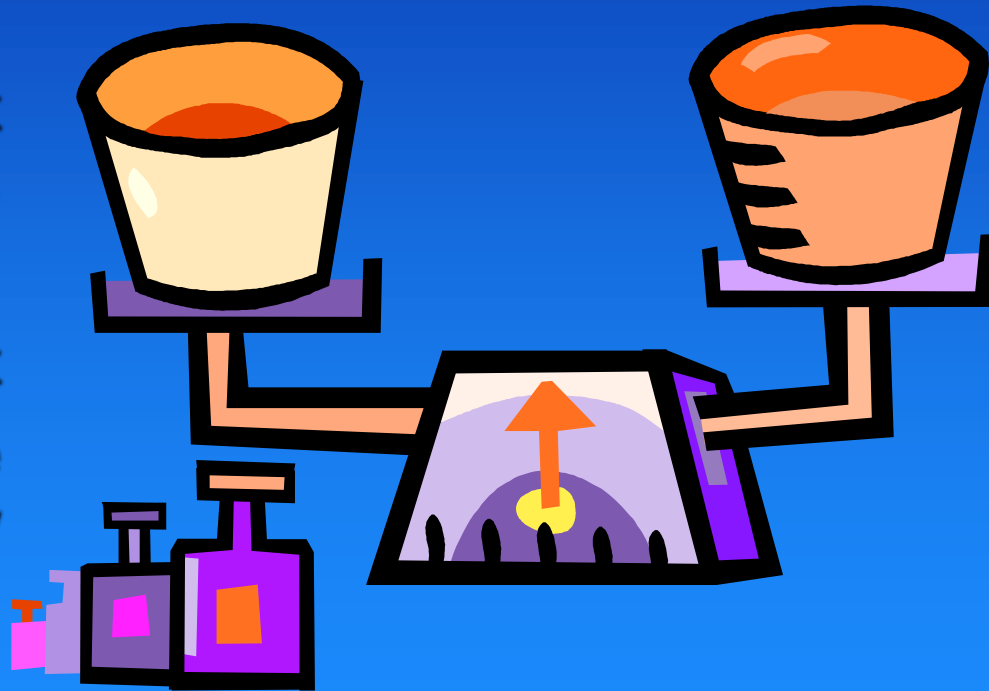
Help Us Identify and Prioritize Activities to:

- Develop, maintain, evolve measures
- Strengthen administrative data at federal, state, local levels
- Create tools to facilitate use
- Partner with users
- Monitor and evaluate impact



...and Help Us with Strategic Issues: How to Balance Investment

Tools, Best Practices,
Implement
What We Know



New Measures,
Evidence Base for
Future



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